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ABSTRACT

The instructional guide, student manual, and reference materials were developed by the PDQ Project, Planning and Development of Quality Services in the Schools, an effort by the American Speech-Language-Hearing Association to provide public school personnel working with communication disordered children with information and training related to better management. The instructional guide contains an outline of the management process, group process exercises, descriptions of three field-tested management programs, and a summary of a managment resource document, "Caseload Issues in the Schools." The student manual is intended to be used as a supplementary text or outside assignment and contains descriptions of the three management programs (concerned with program management, quality assurance, and data collection); a description of the management resource document on caseload accountability; a case study demonstrating application of the three systems to a program management problem, forms and supporting material from each of the systems, and a discussion of their interrelationship. The packet of reference materials contains transparency masters, another case study of a program management problem, and forms and worksheets to support case study activities. (DB)

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PDQ: Planning and Development

of

Quality Services in the Schools

Instructional Guide
Student Manual
and
Reference Materials

American Speech-Language-Hearing
Association
10801 Rockville Pike
Rockville, MD 20852

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THE PLANNING AND DEVELOPMENT

OF

QUALITY SERVICES IN THE SCHOOLS

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Roberta Williams
Acting PDQ Project Director

Notes to the Instructor:

GOAL

"Planning and Development of Quality Services in the Schools (PDQ)," a project partially funded by the Department of Education and sponsored by the American Speech-Language-Hearing Association, presents information about management systems.

The initial goal of the project was the presentation of this information to professionals: administrators, managers and direct service providers. The project goal has been expanded to offer this information to speech-language-hearing graduate and undergraduate students preparing for careers serving the communicatively handicapped.

MATERIALS

There are three components of the PDQ course. These components are:

INSTRUCTIONAL GUIDE - A script to be used by the instructor to communicate the course content. Each chapter could be a separate unit of instruction:

- Outline of the Management Process
  - problem determination
  - need development
  - solution identification
  - goal establishment/objective development
  - plan implementation
- Group Process exercises
  - designed to use role playing and problem solving to enhance management skills
- Descriptions of three field-tested Management Programs
  - PDME--Program Planning, Development, Management, and Evaluation
  - CSRS--Child Services Review System
  - CASE--Comprehensive Assessment and Service Evaluation
- Summary of management resource document
  - Caseload Issues in the Schools

REFERENCE MATERIALS PACKET

- Transparency Masters
- Case Study I - program management problem
- Forms and worksheets to support case study activities

PDQ MANUAL: To be used by the student as a supplementary text or outside assignment. Each chapter is a separate unit of instruction.

- Descriptions of three field-tested Management Programs:
  - program management - PDME
  - quality assurance - CSRS
  - data collection - CASE
- Description of management resource document on caseload accountability - Caseload Issues
- Case Study II - program management problem, applying the three systems
- Forms and supporting material from each of the systems
- Interrelationship of the three systems

CONTENT

The PDQ Program (manual) contains three management resource systems--PDME, CSRS, CASE--and notes from a publication, Caseload Issues in the Schools. These resources offer specific yet complementary support to service providers:

- PDME is the foundation system which offers a monitoring and evaluation system for total program assessment.

- CSRS is the quality assurance system which offers an audit component for the evaluation of a program's management systems.

- CASE is the data-based management system which offers a component for collection, recording, tracking and retrieval of information.

- Caseload Issues in the Schools is a resource document which addresses issues of concern to service providers in school settings:
  - -entry/exit criteria
  - -caseload trends
  - -service models
  - -mandated caseload size
  - -caseload impact on funding
  - -administrative support

The strength of a program and services provided are enhanced through the use of an effective management system. The resources available in the PDQ course offer these systems to the professional.

SEQUENCE

Each chapter of the Instructional Guide can be used as a separate unit of instruction.

CHAPTER I - INTRODUCTION

- Meaning of:
  - Accountability
  - Management Processes
  - Management Skills
- Types of Group Processes
  - Philips 66
  - Quality Circle
  - Consensus
  - Forced Field Analysis
  - Brainstorming
- Management Resources
  - PDME
  - CSES
  - CASE
  - Caseload Issues

CHAPTER II - PROBLEM DETERMINATION

- Methods to determine strengths and weaknesses of program:
  - questionnaires
  - record keeping
  - interviews
  - comparison with other programs
  - data analysis
- Problem Determination Worksheet
- Group Process techniques to develop a problem statement

CHAPTER III - NEED DEVELOPMENT

- Group Process techniques to determine the direction of change needed to solve problem
- Management Process Worksheet

CHAPTER IV - SOLUTION IDENTIFICATION

- factors which yield the best possible solutions
- techniques to identify possible solutions
- Group Process techniques to determine resources and constraints in solution identification
- Management Process Worksheet

CHAPTER V - GOAL ESTABLISHMENT/OBJECTIVE DEVELOPMENT

- Steps for writing goals
- Definition of Objectives
- Developing a Plan of Action

CHAPTER VI - PLAN IMPLEMENTATION/EVALUATION

- Model Plan of Action
- Purpose of Evaluation

CHAPTER VII - SYSTEM APPLICATION

- Review of the Management Systems
- Summary of issues discussed in Caseload Issues

CHAPTER VIII - SUMMARY

SUGGESTED IMPLEMENTATION STRATEGIES

After your review of the PDQ resource systems you may find it helpful to consider the implementation strategies listed:

- Present the total PDQ course to students in a full-day workshop.
- Divide the PDQ course into several modules and present to students in mini-sessions, allowing for practical application of concepts between sessions.
- Present the total PDQ course to clinical supervisors who would present the materials to their students.

- Present the total PDQ course to faculty who would present a specific module to the students.

- Present the total PDQ course to off-campus clinical supervisors and students simultaneously in a full-day workshop. This offers professional development opportunities through clinical supervision network.

- Incorporate the modules of the PDQ course into existing curriculum offerings, e.g., Clinical Methods, Professional Programs and Practices, Current Trends.

- Incorporate the modules of the PDQ course into a single offering which would encompass topics in program client management and accountability.

PDQ BACKGROUND

The PDQ Project is an effort by ASHA to respond to two important needs in Speech-Language-Hearing Education: the implementation of PL 94-142 and development of management skills of its members.

With the implementation of Public Law 94-142, Education for All Handicapped Students Act, speech-language and hearing service providers, administrators, and supervisors in the schools became managers who must document the need for services. The new areas of managerial responsibilities for the special educator include: increased availability of services, increased concerns for accountability and increased need for quality.

In 1982, ASHA conducted two membership surveys in which members were asked to rate their competency as managers. Less than 30% of the graduate practitioners rated themselves as competent in program management and undergraduate practitioners rated themselves lowest in management skills.

In the 1984-1985 school year, ASHA offered to its members 50 PDQ workshops designed to strengthen their management skills. In 1985, the PDQ Project expanded its goal to educate future direct service providers, administrators and supervisors how to respond effectively to the needs for service availability, accountability, and quality.

The program management skills that special educators must demonstrate effectively are:

1. ability to identify, serve, and evaluate the needs and progress of all handicapped children (availability)

2. ability to demonstrate efficient program management (accountability)

3. ability to show evidence of effective service provision to boards of education, parents, state and federal agencies, and the public (quality).

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CHAPTER ONE
INTRODUCTION

(120 minutes)

➨Instructor: This is the beginning of the scripted material for the PDQ course.

I. Introduction

A. What is the meaning of:

1. Accountability
2. Management processes
3. Management skills

B. These are the topics we will study: accountability, management processes, and management skills...as professionals involved in providing a service to communicatively impaired students, our charge (under the auspices of PL 94-142) is to be accountable in the provision of that service. The PDQ is organized to address the issues of accountability and quality service delivery by presenting information about management processes and how they relate to the school setting. It is our goal to provide you with information that will assist you in the development or improvement of management skills.

REFERENCE - 1 (PDQ Objectives)

➨Instructor: Refer to Reference Material Packet p. 1. You may wish to make a transparency of this reference page.

C. We plan to provide this information by completing the following objectives: At the end of the PDQ Program, we expect that you will be able to

- define the word manager
- identify yourself as a manager

- identify the steps in the Management Process model
- describe the role of data collection in the Management Process model
- describe the procedures used in the Nominal Group Process
- describe the conditions under which you would choose to use the PDME system
- describe the conditions under which you would choose to use the CSRS system
- describe the conditions under which you would choose to use the CASE system
- generally describe the subjects addressed in the Caseload Issues in Schools manual
- describe the interrelationship of the PDME, CSRS, CASE, and Caseload Issues in Schools resources.

➡Instructor: Refer to Reference Material Packet p. 2. You may wish to make a transparency of this reference page.

REFERENCE - 2 (GMS=A(TOP/S)

D. Formula for Good Management Skills

GMS = A(TOP/S)

Instructor: Seek group input: "When have they seen themselves as managers?"

E. Interpretation

1. Good Management Skills

   a. What we need to become accountable.
   b. What we need to be able to demonstrate.
   c. What we need in order to offer quality services to students with communicative impairments.

2. Accountability

   a. Synonyms

(1) Answerable
(2) Responsible

b. Accountability is one of the components of Public Law 94-142.

(1) Make services AVAILABLE.
(2) Develop service QUALITY.
(3) Make services ACCOUNTABLE.

c. How can we demonstrate accountability?

(1) Do what we say we will.
(2) Do it when we say we will.
(3) Do it the way you say you will.
(4) Do it in the most cost effective way.

3. Technical skills

a. Know your field.
b. Become a technical expert.

4. Organizational Skills

a. Personal and professional levels
b. Planning is the key element in accountable organizational skills

(1) Goal-oriented: Know what you are going to do and why.
(2) Use evaluation: Determine your effectiveness and modify your planning based on the results of your evaluation.

5. People Skills

a. Developing good communication skills
b. Learning to be able to work well or comfortably with others

➨Instructor: The following are suggested areas for exploration with the students.

II. Technical skills

A. Accountability (responsibility for/answerability for)

B. "Technical Skills" relates to your knowledge of the field of communication disorders

1. Instructor: Ask students for areas of technical skill
2. Possible answers might include:

    a. Normal development
    b. Communication disorder types
    c. Assessment
    d. Therapy techniques
    e. Scheduling, etc.

C. Instructor: How can we develop accountability in these areas?

1. Training

    a. Go to school
    b. Read
    c. Observe
    d. Ask questions
    e. Challenge yourself

2. Experience

III. Organizational skills

A. Personal

1. Develop long-range goals (20 years, 10 years, 5 years, 1 year).
2. Develop short-range goals (6 months, 3 months, 1 month, 2 weeks, 1 week, 1 day).
3. Determine what you can do every day to reach those goals (at home and at work).

a. Prepare objectives.
b. Determine which activities best achieve your goals.
c. Learn about time management.

4. In essence, write your own IEP.

B. Professional

1. What are your goals for your program?
2. What are your objectives for your program?
3. Plan and organize you time: Make a list everyday of the activities you need to accomplish your goals...cross them off the list as you accomplish them.

IV. People Skills

A. As a manager, communicate the performance you expect from students and from the staff you work with in order to demonstrate success or to reach your goals.

B. An important component of the managerial process is being able to work with people, individually or in groups.

V. Summary

A. Good management skills are defined by demonstrating accountability through use of your technical, organizational, and people skills.

B. Let people know what you like.

1. Before]
2. During] Performance
3. After]

C. Be accountable

1. Do what you said you would.
2. Do it when you said you would.
3. Do it the way you said you would.
4. People respond positively because they know what to expect.

D. Accountability

1. Begins with your personal self
2. Transfers to professional self and your professional environment.

➔Instructor: Techniques that may be used to work with groups of people are the focus of the next section of the course.

VI. Group Process Skills (30 minutes)

➔Instructor: This section includes:
a. descriptions of six problem-solving group processes;
b. two group exercises using nominal group process and brainstorming.
These suggested group processes are included in this section as well as Chapters 5-9 to facilitate application of the management systems to the case study. Total suggested time for the two exercises is 60 minutes.

A. "What are some reasons for groups to come together?"

1. Social: Dance, eat, talk (friends/family)
2. Political: Political convention, hearing debate
3. Personal: Discuss problems
4. Formal/Informal: Formal-political parties
   Informal-people gathering to go ice skating
5. Problem-Solving: How to attract more business. How to stop burglar attacks in a neighborhood. How to improve speech-language-hearing services.

➔Instructor: Refer to Reference Materials p. 3. You may wish to make a transparency of this reference page.

REFERENCE - 3 (Types of Problem Solving Groups)

B. "There are many types of problem-solving groups:"

1. Phillips 66: Involves large numbers of people in a discussion of topics through maximum use of time with a concern for accountability (Napier and Gershenfield, Groups Theory and Experience, pp. 223-224). Procedure:

   a. Large group breaks into groups of six after a presentation or debate.

   b. Group develops a question they feel is important in relation to the topic previously debated or presented -- they have six minutes to complete the exercise.

   c. Can be used to develop an agenda, solve a problem, etc.

2. Quality Circle: The Japanese perfected a problem-solving technique for a group formed in a work setting by volunteers in which the focus of the group is to problem solve with the support of their administrators and a guarantee that the administrators will ultimately approve the solution defined by the group.

Note to Instructor: The industrial quality circle has been successfully adapted to the educational environment.

3. Consensus: This group processing technique is characterized by a democratic discussion of all available resources to solve a problem. The goal of consensus is a general agreement on a solution with everyone accepting the solution for similar or complementary reasons. Unanimity is not necessary. Differences of opinion and disagreements are natural and will occur, but these situations can be helpful in achieving consensus. With a wide range of information available, there is strong possibility of creating solutions acceptable to everyone.
   Team Management, For Speech, Language and Hearing Services, by Trudy Snope.

4. Brainstorming: Brainstorming is a way of increasing group participation by listing a large quantity of ideas without fear of evaluation of ideas in a short time...it is not a means of making decisions.

Procedure: Present ideas rapidly with the following rules:

a. No criticism or evaluation of an idea.

b. The session is "free-wheeling," open to any and all ideas.

c. Quantity is very important.

d. Everyone is free to build on ideas of others.

e. However, everyone is limited to presenting only one idea at a time.

5. Forced Field Analysis: This technique is a form of brainstorming that is effective for finding solutions to specific problems. The group identifies the problem as a "condition that exists with forces that impinge upon it." Then the forces pushing for change and the forces preventing change are listed. Through brainstorming, the group lists action steps to increase the forces for change or reduce the restraining forces. The group selects the action steps most appropriate to its situation.
Team Management, For Speech, Language and Hearing Services, by Trudy Snope

6. Nominal Group Process

a. Purpose: Group technique used to elicit ideas from every participant in a group.

b. Task: To obtain and evaluate information.

c. General techniques

(1) Each participant writes a list of ideas in response to an announced problem.

(2) All solutions are presented to the group, with no evaluation.

(3) Discussion of ideas or solutions then occurs.

(4) Solutions are rank ordered.

➨Instructor: Refer to the Reference Material Packet p. 4. You may wish to make a transparency of this reference page.

REFERENCE - 4 (Nominal Group Process)

VII. Nominal Group Process Exercise

➨Instructor: The following is a simulated group exercise using the nominal group process technique. It is the first of two group processes used throughout the course.

A. Each group will number off with each Group Member, assuming a number beginning with the person whose first name begins with a letter closest to the letter "A" and going around the circle to the right.

Instructor: The size of the groups will vary according to class size.

B. For the first exercise, all #1s will become Group Leaders, and all #2s will become Group Recorders, and all others are group members.

C. The Nominal Group Process is this:

1. The Instructor (for the purpose of this activity) presents the problem which, in this case, is: to decide on a name for a new clinic your college is building.

2. The Group Leader and Group Recorder assume their responsibilities and the Group Members silently write down no more than three ideas for a name for the building for a specified period of time.

3. The Group Leader conducts a round-robin listing of ideas or solutions to the problem with the following rules in effect;

a. Each person names one name on their list until all individual lists are exhausted.

b. No discussion or evaluation of names occurs during the round-robin listing.

c. All names are written on the list by the Group Recorder even though some names may appear to be duplicated.

d. No names will be re-worded during this phase.

e. No talking out of turn will occur on this phase.

4. The Group Leader then leads a serial discussion of the names recorded on the list.

➔Instructor: The purpose of the discussion is to:

1. Clarify
2. Elaborate
3. Defend
4. Dispute
5. Add names
6. Categorize names
7. Synthesize names

a. The Group leader:

1. Instructs the Group Members to choose two names silently (first and second choice) from the list in a specified period of time (for the exercise: one minute).

2. In a round-robin fashion, the Group Leader asks each member for their first choice (recorded on left side of the list by the Group Recorder), then for second choice (recorded on the right side of the list by the Group Recorder).

3. The Group Recorder

a. Rank orders the names
b. Reads the rank-ordered names to the group.

c. The group agrees that:

(1) The name to be used is the first name listed.

(2) If the group is unable to agree, the Group Leader returns the group to the serial discussion (in this case of the names) and the group agrees to complete the process by agreeing on the name shown to be the highest ranking at the end of the rank ordering.

Instructor: Call for names from the groups and ask the Group Recorder to make a sign of folded paper for the table with the name on it.

We have discussed the application of two techniques to groups.

A. As a manager, you will find these techniques helpful in reaching group consensus as you participate with groups in various stages of the management process.

B. It is also helpful to know that the processes used for the Brainstorming and Nominal Group Processes can be adapted for use with individuals.

1. Brainstorming can be individualized by one person allowing a period of "free-wheeling" idea development in which ideas are just generated and written down; it is important to remember that

a. No criticism or evaluation of ideas occurs

b. Quantity is important (i.e., write down as many ideas as possible until no further ideas are formulated).

2. The Nominal Group Process can also be used by an individual involved in problem solving by following the described procedure:

a. Make a list of possible ideas without criticism or evaluation until the possibility of ideas is exhausted

b. Evaluate each idea

c. Select the first and second choices

Instructor calls for questions on the process of Nominal Group Processing.

VIII. What is Management?

➨Instructor: Refer to Reference Material Packet p. 5. You may wish to make a transparency of this reference page.

REFERENCE - 5 (Manager)

Instructor: question the class:
What is "management?" What is a "manager?"

Suggested definitions

A. What is "management?"

1. Webster:

a. "The act, art or manner of managing or handling, controlling, directing."

b. "Skillful managing: careful, tactful treatment."

c. How many of you feel that you are a manager?

2. Anthony P. Raia: "Management is the dynamic force which converts human and nonhuman resources into organizations. It is a process which integrates previously unrelated resources into something that is greater than the sum of its parts. While the purpose of management is to coordinate the activities of people in organizations, its overall role is to facilitate the effective and efficient attainment organizational goals and the personal needs of its members."
From Managing by Objectives (Scott, Foresman and Company)

B. What is a manager?

1. Peter Drucker (known author of business management books) says a manager is one who:

   a. Plans
   b. Organizes
   c. Integrates
   d. Measures
   e. From Management: Tasks, Responsibilities, Practices (Harper and Row).

2. Robert Randolph: One who,

   a. Plans
   b. Organizes
   c. Makes decisions
   d. Evaluates/monitors
   e From Placement: Moving Concept Into Reality (American Management Association).

3. Koontz and O'Donnell: "While weaknesses and difficulties may appear at any level of management, effective and perceptive management demands that all those responsible for the work of others at all levels and in any type of enterprise, regard themselves as managers." From Essentials of Management (McGraw-Hill.)

4. Margaret Finn: "Managers set goals and plan how to accomplish those goals; they attract, organize and coordinate the resources necessary, as well as evaluate the effectiveness of the resource utilization. Each of these steps is accomplished not alone, but with and through others."
   From Making It In Management (Prentice-Hall, Inc.)

➡ C. Instructor: Using the definitions of these management experts, we would include the following personnel as managers:

Suggested answers:

1. Speech-language students
2. Speech-language pathologists

3. Audiologists
4. Teachers
5. Supervisors/coordinators
6. Principals
7. Directors
8. Superintendents
9. School boards
10. State consultants
11. State directors

D. The difference between each of these people who manage is that each manages something different...but the important point here is that <u>each is a manager</u>.

IX. Summary

A. Management skills involve accountability for our

1. Technical skills
2. Organizational skills
3. People skills

B. Management skill development affects everyone in the room because we all:

1. Are responsible for the work of others.

2. Have need to plan, organize, integrate information, evaluate, and make decisions.

X. Management Process

➡Instructor: Refer to Reference Material Packet p. 6. You may wish to make a transparency of this reference page. This reference will be used again.

REFERENCE - 6 (Management Process)

How do we do it? What are the processes involved in management? -- The focus of most of the rest of this course will feature the processes of management: how you apply management processes to the school setting. Briefly, the components of the management process include the following steps:

A. Determine the problem

1. What is our current status?
2. What are our concerns?
3. Which problems take precedence in receiving our attention?
4. Develop the problem statement.

B. Determine what the need is.

1. Determine the direction of change that is needed.
2. Learn that "need" does not mean "solution."

C. Identify the solution.

1. What are our alternatives?
2. What are the strengths/weaknesses of each?
3. Which solution is best?

D. Goals and objectives

1. Goals

    a. When?
    b. What?
    c. Criterion

2. Objectives

    a. When?
    b. Who?
    c. What?
    d. To whom?
    e. Criterion
    f. Evaluation

E. Implement the Plan

1. Formative evaluation
2. Data recording

a. Oh no! Not more data!*
b. Organized
c. Not time consuming

*Note to the Instructor: The need for data collection is continuous during the management process. Data collection is discussed in the next section of the course.

F. Evaluation

1. When?
2. How?
3. How much?
4. Interpretation or analysis
5. Where to go
6. While we show that Evaluation results in the completion of the management process cycle, in reality, the feedback from Evaluation goes to all components of the Management Process... any analysis affects each part of the cycle, not just problem determination.

XI. Data Collection

➔Instructor: The following material is a discussion about data collection.

G. Let us talk a little about **data collection**.

1. Instructor: The "Oh no! Not more data!" syndrome.

2. Data collection is a process you undertake in everything you do.

a. You collect data constantly through your senses.

b. You collect data in an organized way based on what you NEED.

(1) Example: What you need. Before you signed up for this course, how many people collected data on what days this course met? (Many due to need.)

(2) Example: What you probably do not need. How many people collected data on the method of transportation I used to get here today? (None or very few due to low need; data collection in this case may be time consuming and of no purpose to you.)

3. The point I wish to make here is that purposeful, organized data collection takes considerably less time than does non-purposeful, disorganized data collection.

➡Instructor: Refer to Reference Material Packet p. 7. You may wish to make a transparency of this reference page.

REFERENCE - 7 (Data Collection Process)

4. Data collection process

   a. Need development: I need to be home today by 6:30.
   b. Observation: Check the agenda.
   c. Recording: Place in your memory bank.
   d. Analysis: If I leave at 4:45, can I make it home by 6:30?
   e. Interpretation: I can stay until 4:45.

5. We will be discussing data collection and its use throughout the remainder of the course.

XII. Pyramid of Management Resources

During the discussion of the Management Process mentioned throughout this course, I will mention several different management resources developed for use in a school setting. In order to <u>generally</u> acquaint you with these resources, I'm going to briefly review four of them. I'll be discussing each in more detail later.

A. It is important to make it very clear that <u>several</u> resources exist that will support you in the use of a management process in a school setting.

   1. The bibliography in your PDQ Manual lists many potential resources.

2. The four resources that are described within this course then are only part of the list of possibilities...you need to select those resources that best meet your needs.

➔Instructor: Refer to Reference Material Packet p. 8. You may wish to make a transparency of this page. This reference will be used again.

REFERENCE - 8 (Pyramid of Management Resources)

B. In determining what your management needs might be, you may find it helpful to consider the following potential resource categories:

1. Do you need a total program management strategy? That is, a system that encourages total or overall program planning, implementation, and evaluation. If so, you will find the PDME system helpful...I'll give you a brief description of that resource in later on in the course.

2. Do you feel comfortable with your overall program management, but feel the need to look at various components of your program...i.e., to determine if each component is contributing to the optimal delivery of quality services? Perhaps a quality assurance system like the CSRS system would best meet your needs. We'll talk about CSRS, also.

3. Do you feel that your present system of data collection best meets your needs? If so, you may find the CASE system helpful...it too will be described.

4. Do you need more information that relates to caseload? If so, you may find Caseload Issues in Schools to be a helpful resource. It includes discussions in six areas that relate to different caseload issue perspectives...all aimed at addressing the accountability and quality concerns expressed by professionals in school settings.

Let's look a little more closely at each of these resources beginning with the PDME program

➔Instructor: The PDME program is discussed in depth in the students' manual Planning and Development of Quality Services in the Schools and in Chapter 7 of this guide.

➔Instructor: Refer to Reference Material Packet p. 9. You may wish to make a transparency of this reference page. This reference page will be used again.

REFERENCE - 9 (PDME)

A. The initials "PDME" stand for "Program Planning, Development, Management and Evaluation"

B. This program is a good resource for total management of a program, for example a caseload or a speech-language-hearing program, or a special education program.

C. We'll be discussing the PDME system in more detail later, but I want to give you a general impression of PDME...a thumb-nail sketch, if you will...which will give you some background for later components of the PDQ course.

D. The PDME system includes six steps in its model; they are:

1. Identifying Problems by:

   a. determining your current program status
   b. listing your problems
   c. examining the magnitude of your problems.

2. Identifying Needs by:

   a. determining where you want to be
   b. analyzing where you are now so that you can list ways of
   c. identifying the needs, and you do this by

3. Describing Alternative Strategies, which calls for

   a. listing possible resources,
   b. describing possible constraints, and
   c. selecting the strategy you plan to use; this step is followed by

4. Developing Goals and Objectives to match the strategy you've defined.

5. Once you have implemented the program based on your objectives, the PDME system calls for an Evaluation, which is based on

   a. the quality of the original goals and objectives,
   b. the collection of data for each objective, and
   c. the analysis of the data collected

6. Based on the Evaluation information, Feedback information is available for decision making to

   a. upgrade services
   b. plan on the basis of collected data for continuing, modifying, or eliminating ineffective or inappropriate aspects of the program.

➔Instructor: Refer to Reference Material Packet p. 8.

REFERENCE - 8 (Pyramid of Management Resources)

E. The PDME system is a "foundation" resource...that is, it provides a vehicle for overall program management.

F. But what if you're feeling comfortable with the overall management of your program? Is there a resource for you to look at a single component of your program?

G. The second block of the "Pyramid of Management Resources" shows "Program Quality Assurance"--this section deals with looking at a specific part of your program; the CSRS system provides a model for examining an isolated part of your program, for example, caseload.

➨Instructor: The CSRS program is discussed in depth in the students' manual Planning and Development of Quality Services in the Schools and in Chapter 7 of this guide.

➨Instructor: Refer to Reference Material Packet p. 10. You may wish to make a transparency of this reference page. This reference page will be used again.

REFERENCE - 10 (CSRS)

The initials "CSRS" stand for "Child Services Review System"

A. Again, I'll be describing the CSRS model in more detail later, but it will be helpful to you to be familiar with the general nature of the system now.

B. As you can see, the CSRS model is shown here as an audit cycle with nine steps designed to:

1. identify service trends and
2. identify specific parts of a program that require modification.

C. Prior to the initiation of the CSRS Audit Cycle, an Audit Committee of three to five professionals is formed.

1. It is the Audit Committee's responsibility to conduct the CSRS Audit and to monitor the actions taken to upgrade services.

2. The members of the Audit Committee are direct service providers, i.e., audiologists, speech-language pathologists, special educators, etc.

D. With the formation of the Audit Committee the CSRS Audit Cycle begins.

1. Selection of the Audit Topic: the Audit Committee determines the topic, selects the focus or specific target within that topic, the population that will be studied and the time period for the study. An example of this step might be:

Audit Topic: Hearing Impairment
Audit Focus: To improve the speech intelligibility of hearing-impaired pupils

Population: All pupils ages 7-11 who are identified as mild-moderately hearing impaired
Time Period: Services provided during the current school year

2. Criterion Statements: statements prepared and performance levels identified which specify the

   a. behavior that all of the population should demonstrate (for example: 100% of the 3rd grade students receiving /s/ articulation therapy should complete that therapy in 56 twelve-hour sessions) and

   b. level of behavior that will be considered the threshold at which remedial action should occur (for example: 90%)

3. Ratification of Criterion Statements: calls for the acceptance of the Criterion Statement and Threshold for Action by the staff members who are involved with the population being studied.

4. Review Records: an action step in which the records of the population being studied are reviewed by the Audit Committee; the Committee determines the Actual Level of Performance of the population.

5. Identify and Analyze Problems: requires the Audit Committee to compare the Actual Level of Performance with the Threshold for Action to determine the presence of problems; at the conclusion of the fifth step, the Audit Committee has

   a. rank ordered the problems
   b. listed the possible causes of the problems, and
   c. narrowed the causes to the most probable.

6. Develop Solutions: requires the Committee to develop solutions and a plan of action.

7. Ratify Solutions: involves the entire staff of service providers in the approval of the solution and plan of action.

8. Implement Solutions: calls for the actual implementation of the plan of action by the program staff.

9. Reaudit: a formalized evaluation step which specifies that the originally developed Criterion Statements and Thresholds for Action be applied to a new sample of records; this step documents the effectiveness of the action taken.

➔Instructor: Refer to Reference Material Packet p. 8.

REFERENCE 8 - (Pyramid of Management Resources)

E. In summary then, the CSRS system provides a management model for the investigation of the effectiveness of a component or part of a total program. The CSRS system also provides a sound model for group processing in that it demonstrates a means for a group to reach a consensus or agreement.

F. As our Pyramid of Management Resources shows data collection serves as a resource for several levels of management need--total program, program component, and specific issue--the CASE Information System serves as a model of a data collection tool.

➔Instructor: Refer to Reference Material Packet p. 11. You may wish to make a transparency of this page. This reference page will be used again.

REFERENCE - 11 (CASE)

The initials "CASE" stand for "Comprehensive Assessment and Service Evaluation".

➔Instructor: The CASE system is discussed in depth in the students' manual, Planning and Development of Quality Services in the Schools, and in Chapter 7 of this guide.

A. The CASE Information System has three main parts

1. Implementation Guide: provides information to the User on the suggested application of the CASE materials--a workshop is therefore not required to learn how to use the CASE system.

2. Student Management: the primary focus of this level is data collection specific to individual students; forms are provided to collect data on all components of service delivery; a summary record for each student is also included.

3. Program Management: models for the collection of data which relate to overall program management are included in this section; data are compiled by grade, school, and district; information specific to program cost and time allocation may also be obtained.

B. What exactly is CASE? CASE is a series of forms that can serve as a model for a data collection system for information gathering related to students and programs.

1. Most school districts operate now with their own set of data retrieval forms; the CASE system does not supplant those forms, but rather provides a total system that can serve as a model for upgrading existing systems.

2. CASE forms can be helpful to speech-language-hearing service providers, program supervisors, and special educators.

3. Information is provided to assist with the computerization of the CASE Information System.

➨Instructor: Refer to Reference Materials Packet p. 8.

REFERENCE 8 - (Pyramid of Management Resources)

C. We'll talk more about CASE later, but as you can see, the application of a comprehensive data collection system affects total program management, evaluation of program components, and even issues that relate to successful caseload management.

D. One such issue, particularly critical now, is the issue of caseload.

➔Instructor: Refer to Reference Materials Packet p. 12.

REFERENCE - 12 (Caseload Issues in Schools)

Published by the American Speech-Language-Hearing Association, Caseload Issues in Schools: How To Make Better Decisions is a manual designed to provide practical decision-making strategies for professionals who are concerned about caseload accountability.

➔Instructor: Caseload Issues in the Schools is outlined in the students' manual, Planning and Development of Quality Services in the Schools and in Chapter 7 of this guide.

A. Caseload accountability issues may be described by the issues shown here: caseload comparisons from yesterday to today, service alternatives, assessment issues in decision making, gaining administrative support, issues to address in criteria development, and orientation to group processes.

B. Caseload comparisons from yesterday to today show that:

1. service providers must account for the caseload decisions they make,
2. reviewing data related to caseloads reveals real discrepancies between incidence of speech-language disorders and actual services provided, and
3. there is a need to very carefully evaluate the decisions made by service providers regarding caseload.

C. Service providers need to consider service alternatives other than treatment; the chapter dealing with this information includes the following:

1. traditional identification strategies are not necessarily the best,
2. a "Framework for Decision Making" regarding service alternatives offers a premise and corollaries to guide service delivery decisions,

3. tracking provides a nontraditional service alternative,and
4. other direct/indirect service options are discussed.

D. Because service providers must be able to account for the assessment procedures used, this chapter describes:

1. basic assumptions about the identification of students for services,
2. the impact of the significance of a given disorder on decision making,
3. the purpose of assessment,
4. sources of diagnostic information,
5. assumptions and cautions in testing, and
6. solutions to cautions and problems in testing.

E. The importance of gaining administrative support and suggestions on how best to achieve that support are offered to improve the survival of speech-language-hearing programs; the following information is provided:

1. what you need to know,
2. what you need to do, and
3. some suggestions on how to do it.

F. In an effort to assist with the development of criteria, the next chapter deals with the following:

1. guidelines for the development of criteria,
2. a framework for the preparation of generic entry criteria, and
3. considerations for the formation of generic exit criteria.

G. Because most of the caseload decisions that must be made involve group processing, this last chapter describes:

1. techniques for group processing,
2. guidelines for achieving consensus,
3. facilitating behaviors/functions for groups, and
4. helping factors for groups.

➔Instructor: Refer to Reference Materials Packet p. 8.

REFERENCE 8 - (Pyramid of Management Resources)

There are, as I have said, other resources available which provide information/guidelines/suggestions for management of programs and services in school settings...your bibliography will help in the investigation of these alternatives.

A. It is important to understand that there is no <u>one</u> system that will meet all your needs or give you the total picture...successful management techniques involve the integration of several different ideas, systems, approaches...just like we do in therapy or the classroom: we implement types of services on the basis of <u>what works</u>.

B. An example of this eclectic approach is to view our Pyramid of Management Resources as an example of the interrelationship of these resources.

1. In fact, if you become familiar with the PDME and CSRS systems, you very likely will interchange components of the two...because you see a way to enhance your accountability.

2. The systems can stand alone, of course, but they can be melded together at points as <u>you define</u> the need.

C. This very <u>quick</u> presentation of general information will be followed later by a more in-depth description of each. My purpose at this point is to make you <u>AWARE</u> of them and of their nature so that you're familiar with them in a general sense.

➔Instructor: Refer to Reference Materials Packet p. 13. You may wish to make a transparency of this reference page.

REFERENCE - 13 (Good Management Skills)

Instructor: You may wish to discuss with the students:

XIII. Summary

What have we done so far?

A. We have defined:

1. Good management skills in terms of accountability for technical organization and people skills.

2. Management as a method of handling, managing, directing.

3. Managers as people who are responsible (accountable) for the performance (work) of others through planning, reorganizing, information integrating, evaluation, and decision making.

4. Managers as people who are able to work with people, individually or in groups.

B. We have outlined the management process in six steps.

1. Problem determination
2. Need development
3. Solution identification
4. Goal establishment/objective development
5. Plan implementation
6. Evaluation

C. We've discussed the continuous process data collection and four management resources.

CHAPTER TWO
PROBLEM DETERMINATION

[50 minutes]

➨ Instructor: Student should read the Case Study in the Reference Material Packet pp. 16-18 before starting this section of the course.

I. Introduction

➨ Instructor: Refer to Reference Materials Packet p. 6.

REFERENCE - 6 (Management Processes)

A. The process of problem determination is a misleading one for most of us.

B. Common to hear: "My problem is that I need to have fewer students on my caseload."

1. This is not a problem.
2. This is a need statement.

II. How to Determine the Problem

(Much of this information comes from the PDME system: Program Planning, Development, Management and Evaluation.) The PDME Manual has a helpful series of questions in its Appendix that will assist at the Problem Determination level.

➨ Instructor: Refer to Reference Materials Packet p. 14. You may wish to make a transparency of this reference page.

REFERENCE - 14 (Problem Determination)

A. The first step in problem determination is to observe where your program is now...this is an observation of your <u>perception</u> of the problem; it reflects how you <u>feel</u> about it. You may find it helpful to begin by observing first what the <u>strengths</u> of your program are and then to observe what you perceive the <u>weaknesses</u> of your program to be.

1. Similar to "screening" procedures we use in speech-language-hearing.

2. Creates an "information awareness"...a scanning of your entire program to determine what you feel its strengths and weaknesses are.

3. Type of self-evaluation program

   a. Example for Speech-Language Pathologists/Audiologists: Where am I in relation to others with regard to assessments? (After listing your strengths, you may find the following concern: It seems to take me longer to do an evaluation.)

   b. Example for supervisor: Where is the SLH program regarding caseload size? (After considering your strengths, you may discover the following concern: It seems like there is a large number of communicatively different students enrolled in the SLH program.)

   c. Example for director: Where is the speech-language-hearing program regarding total enrollment? (Once you're aware of your strengths, you might find a concern, such as: The enrollment of the total number of students in the special education program seems too high.)

B. List your concerns or problems after you have determined what they are.

C. Use available data and other specific information regarding the concerns that reflects the magnitude of the problem.

   1. Questionnaires

      a. Allow contact with populations too large for direct interviews.

      b. Allow questioning of just a portion of a population.

c. Questions must be specific and non-ambiguous; the respondent must know what the recording system being used means.

d. The limitation of questionnaires is that the respondents may be a select group.

2. Recording

a. It is important that records be kept on an ongoing basis of such occurrences as:

(1) All requests for materials that go unfilled.
(2) All instances of having problems brought to your attention.
(3) All requests for consultations.

b. The collective impact of the recorded information may underscore areas of need or indicate unrecognized needs.

3. Interview

a. This is a process that allows direct contact with others affected by or interested in the same problem.

b. This method assures that responses will be made and that any ambiguity in questions or answers will be minimized.

c. It is recommended that a standard set of questions be allowed so that information gathered can be pooled.

d. Interviews should be held with a number of persons from the same environment (principal, teachers, paraprofessionals, etc.).

4. Comparison

a. Compare the services you provide to the services provided by another SLP/A, comparable school district, or program.

b. Large differences in a set of comparisons may indicate, for instance, a lack of consistent standards.

5. Data analysis

a. Further analysis of program or caseload information may be helpful.

b. Analysis may involve such issues as: relationship of unduplicated student counts over a specific period; a number of teachers enrolled in sign language classes; analysis of test results, etc.

D. So far in this process, you should have: scanned your program for several problems; determined its strengths and weaknesses; listed what you perceive your problems to be; determined the magnitude or extent of your perceived problems; and found that there is indeed a problem. Your next step is to develop a "Statement of the Problem" which must:

1. show magnitude of the problem
2. be data-based.

Here are some examples:

a. SLP/A: It takes me two hours to do an evaluation; most of my peers take less than one hour.

b. Supervisor: Thirty percent (30%) of the SLH caseload is communicatively different.

c. Director: The enrollment of students in the Special Education program is 15%; our state will fund us only to 12%.

Note to Instructor: You may wish to ask the class which data collection procedures <u>they</u> would use to obtain the factual information in the examples.

III. Activity

➡Instructor: Refer to Reference Material Packet p. 15. You may wish to make a transparency of this reference page. This reference page can also be reproduced for student use.

REFERENCE - 15 (Problem Determination Worksheet)

➡ A. Instructor: briefly review the Problem Determination Worksheet with the class so that they know what they will be expected to do after they read through the Case Study.

Reference pp. 16-18	(The Case Study)
Reference p. 19	(CASE Form F [Thompson])
Reference p. 20	(CASE Form F [Parker])
Reference p. 21	(CASE Form 13)

B. Instructor: instruct students to review the Case Study.

C. Instructor: call students' attention to the fact that they must first determine whether to problem solve from the perspective of the supervisor or the speech-language pathologist.

REFERENCE - 22 (Brainstorming)

D. Instructor: explain to the students that they will be using the brainstorming technique in the next activity.

1. Brainstorming is: a process used to randomly generate ideas from a small group

2. Brainstorming is used to obtain as many ideas as possible from group members in a short time

3. The Brainstorming procedure is:

   a. Group members randomly mentioning ideas related to the topic; the rules are

(1) No one is allowed to evaluate or comment on any of the suggestions
(2) Suggestions must <u>not</u> be categorized

b. Group Recorder (#3s) records each idea exactly as stated.

c. During Brainstorming, there may be a point when group members are silent; the Group Leader (#2s) will <u>not</u> intervene because it is likely that a second surge of ideas may occur.

d. When all the ideas appear to be listed, the Brainstorming procedure is ended.

E. Instructor: assign groups to use Brainstorming to complete Part 1 of the Problem Determination Worksheet.

F. Because the Brainstorm group processing technique does not have a selection component, the Nominal Group Process will be used to complete parts 2, 3, and 4 of the Problem Determination Worksheet.

1. Instructor: Inform the students that they may make up data in order to accommodate their case. If groups are larger than 3, rotate group leader and recorder responsibilities.

Group Leader (#3)
Group Recorder (#4)

➡Instructor: Refer to Reference Material Packet p. 4.

REFERENCE - 4 (Nominal Group Process)

2. Instructor: Review Nominal Group Processing in Chapter 1 - Introduction

a. Be sure to indicate that if consensus is not reached by Step 6, groups will return to step 3 and follow the Nominal Group Process through Step 6 with the understanding that a selection WILL be made at that step.

b. Assign Groups to begin.

G. Instructor:

1. Call groups back together and ask for responses from a few of them.

2. During the discussion, emphasize the following (see possible answers on next two pages):

a. Determine the current status.

b. List concerns/problems.

c. Review available data (indicate what type) to identify the magnitude of the problem.

d. Develop the Statement of the Problem.

3. Ask Group Members to record the Statement of the Problem on the Management Process Worksheet.

➨ Instructor: Refer to Reference Materials Packet p. 23. There are 2 forms in the reference packet--one is for transparency manufacture and the other is for student reproduction.

Reference - 23 (Management Process Worksheet)

Instructor: This form will be needed for later activities. Possible answers follow in the next section.

IV. POSSIBLE ANSWERS (Problem Determination)

AREA	PARKER, Speech-Lang. Path.	THOMPSON (Supervisor, SLH Program)
STRENGTHS	All students are scheduled Program is well-organized IEPs are good Therapy activities are OK	Program has enough equipment, materials, and supplies Space for therapy is OK Program has unused $5,000
WEAKNESSES	86 students on caseload Unsure of assessments on CDf Morkovian students Students on caseload a long time Severe students not seen often enough Has unclear entry/exit criteria	Need to cut funds for next year Staff unclear about services to CDf Morkovian students According to staff, weaknesses are large caseloads, too few in-services, no guidelines for working with bilingual students, too much paperwork, too little time for therapy and planning According to many non-SLH professionals, the SLH program o was where non-English speaking students should be placed o provided services that were unclear o enrolled students who did not seem to have a communicative problem
CONCERNS	Caseload seems to be too large Appropriate assessment and placement of Morkovian students is questionable Students seem to stay on the caseload a long time Severe students do not seem to have enough therapy time Parker seems unclear about entry/exit criteria	Too many CDf students are enrolled in the SLH program The staff is unclear about services to CDf Morkovian students The caseloads are too large In-services are too infrequent Too much paperwork is required Too little therapy time is available Too little planning time is available Other school professionals are unclear about the services SLH program provides Other school professionals felt that some SLH students did not have a communication disorder that warranted therapy.
TYPE OF DATA	As appropriate	As appropriate

STATEMENT OF THE PROBLEM	The average caseload size is 71 students; Parker's caseload is 86 students 90% (27 out of 30) CDf students were placed on the caseload and they make up 31% of the caseload 42% of the caseload has been in therapy for 2 or more years All students, whether severely communicatively disabled or not, are seen twice a week There are no clear entry/exit criteria	Of 100 Morkovian CDf students screened for SLH services, 84 were placed for therapy services 7 out of 8 SLH members asked for guidelines which would assist in the provision of assessment, remediation and dismissal of Morkovian students The average caseload size is 71 Two in-services per year are scheduled for the staff The SLH staff spends 36% of their time on paperwork The SLH staff spends 52% of their time in SLH therapy The SLH staff is allowed to spend 2% of their time in planning activities 95% of the non-SLH professionals were unsure of the services provided by SLH personnel; 80% of the respondents felt that the SLH program was the appropriate placement for CDf Morkovian students 55% of the non-SLH professionals felt that some students enrolled in the SLH program did not have a communicative disorder that warranted therapy.

CHAPTER THREE
NEED DEVELOPMENT

[25 minutes]

➔Instructor: Refer to Reference Materials Packet p. 6.

REFERENCE - 6 (Management Processes)

I. Introduction

A. We have "screened" Parker's program to develop an awareness for its current status -- an "observation."

B. Each group has developed a Problem Statement from that observation. The Problem Statement shows the actual magnitude of the problem.

C. Our next step is to develop a Need Statement.

➔Instructor: Refer to Reference Materials Packet p. 24. You may wish to make a transparency of this reference page.

REFERENCE - 24 (Need Development)

II. The Development of Need (according to Planning, Development, Management and Evaluation, or PDME):

A. Purpose of need development is to determine the "direction of change" you wish to take in relation to the problem; this is done by closing the gap between:

1. Where you want to be
2. Where you are

B. Typically, the direction of change is stated as an:

1. Increase (e.g., increase the services provided to hearing-impaired students).

2. Decrease (e.g., decrease the number of CDF students on the caseload).

3. Maintain (e.g., maintain the enrollment in SLH services).

C. The Need Statement does NOT include the solution; the Need Statement is a restatement of the Problem Statement with an indication of the direction of change.

D. Example: problem

1. Observation: a supervisor might observe: "Members of the SLH staff seem disorganized in their report writing."

2. Problem statement: "There is 0% agreement, in the general content of student reports generated by the staff."

3. Ask the class for a Need Statement: "We need to increase the agreement in general content of the SLH student reports generated by the staff."

a. Direction of change is established.

b. Is a solution present: No, we do not know HOW we are going to solve our problem...only WHAT we are going to do.

III. Activity

A. Using Parker's problems and the Problem Statement derived by your group, develop your Need Statement.

➡ Instructor: Refer to Reference Material Packet p. 4.

REFERENCE - 4 (Nominal Group Process)

B. Once again, use the Nominal Group Process (Instructor: briefly review Nominal Group Process).

Instructor: Depending on group size and class size, group leader and group recorder duties are rotated.

1. #4s will become the Group Leader.
2. #5s will become the Group Recorder.

Instructor: Allow time for students to develop Need Statements.

- 10 minutes -

D. Instructor will call the groups back to report on their Need Statements with the groups reporting first the Problem Statement and then the Need Statement.

Instructor: Point out the following:

1. The Need Statement is a rephrasing of the Statement of the Problem.

2. The direction of change is shown in the Need Statement.

3. The Need Statement does not include a Solution (which would tell you how to solve the problem).

E. Instructor: ask the students to record their Need Statement on Reference page 23--the Management Process Worksheet.

F. Questions

CHAPTER FOUR

SOLUTION IDENTIFICATION

[35 minutes]

I. Introduction

A. Once you have determined what the need of your program is, you are ready to identify the solution that is most appropriate.

B. There are several different considerations in the identification of the solution.

C. The procedure that we will use is shown here in the outline.

➔Instructor: Refer to Reference Materials Packet p. 26. You may wish to make a transparency of this reference page.

REFERENCE - 25 (Solutions)

1. List all possible alternative solutions which will bring about the change indicated in the Need Statement.

2. Determine the Resources and Constraints for each.

3. Identify the Solution that best meets the need we have indicated in the previously developed Need Statement.

II. Solution Identification:

(Specific steps to take in the identification of the solution.)

A. The first step in the Identification of a Problem is to list all the possible Solutions that you feel will effect the change indicated in the Need Statement.

1. Relate your list of possible solutions to the needs you verified earlier when you defined the magnitude of the problem.

2. Be sure that each Solution that you list is <u>measurable</u>.

3. Consider the possibility that the solutions that you list have reasonable expectations of solving the problem by considering the following factors:

   a. Management Factors (what are the policies and procedures that will influence the Solution you select?)

   b. Personnel Factors (what are the possible considerations for staff development, increasing or decreasing the staff, changing staff assignments, etc.?)

   c. Technical Factors (what space, supplies, equipment, etc., will be needed to implement the Solution?)

4. The best possible solution includes the following:

   a. Yields the best outcome
   b. In the least time
   c. At the lowest cost
   d. Is the easiest to administer
   e. Has the highest impact on students

➨ Instructor: Refer to Reference Materials Packet p. 27. You may wish to make a transparency of this reference page. This reference page can be reproduced for student use.

REFERENCE - 26 (PDME Worksheet #4)

III. Activity #1

A. Activity #1 - The second step is to record the Need Statement and possible solutions.

   1. Assign the students to record the Need Statement on the PDME Worksheet #4.

   2. Assign the students to silently and independently list possible solutions they feel relate to the Need Statement that the group developed for Parker or the supervisor, Thompson.

B. Instructor: Call the groups back and give the following instructions:

1. If groups are larger than 3, assign #5s as Group Leaders and #6s as Group Recorders.

2. The Group Leader will call on each Group Member in round-robin fashion to list the solutions each member has developed; the Group Recorder will list the solutions on PDME Worksheet #4 in your packet in the "Possible Strategies" column...leave blank spaces between the Solutions...You may need more than one sheet of paper.

C. Instructor: Call the groups back and go on to the next section. (The Group Recorder will keep the list generated by the group.)

D. Once the students have listed the possible solutions, they will evaluate the Resources and Constraints for each.

➔Instructor: The following section is a discussion of the terms resources and constraints.

E. Resources are the "Plus Factors"

1. The decision to select one Solution over another depends in part on what resources exist, what resources are required and how these compare.

2. In essence, the Solution strategies that you select in which there is a large gap between the <u>available</u> and <u>required</u> resources may have to be rejected.

3. List the resources that are available for each Solution.

F. Constraints are the "Minus Factors"

1. List the constraints that would preclude or prohibit the use of a listed Solution.

2. Constraints are variables that would <u>LIMIT</u> the scope and results that a particular Solution could bring to the problem.

a. Consider anything that would get in the way of the successful Solution of the Problem as a Constraint.

b. Also be aware of anything that would support, or even encourage, alterations of the Solution.

c. Constraints may include such concerns as

i. State regulations
ii. Budget limitations
iii. Program policies
iv. Lack of staff
v. Lack of space

G. On the basis of the information (data) you've collected, select or identify the solution that you feel is best.

➨ Instructor: Refer to Reference Material Packet p. 26.

REFERENCE - 26 (Worksheet #4)

IV. Activity #2

Activity #2 - The third step is to identify the solution you feel is best.

A. The Instructor assigns the Groups to list the resources and constraints for each of the possible solutions shown on the PDME Worksheet #4 (use the Case Study to obtain critical background information). Can use nominal group process or brainstorming for this listing exercise.

1. Silently review what has been recorded on the PDME Worksheet #4.

2. Instructor: Instruct the Group Leader to lead a discussion of the items listed on the worksheet focussing on clarifying, elaborating, defending, disputing, adding items, categorizing items, and synthesizing items.

3. Instructor: After the discussion, assign each group member to silently select their first and second choice for his/her preferred solution.

4. Instructor: Instruct the Group Leader to call on each group member in round-robin fashion and request that he/she list his/her first choice and then to list his/her second choice Solutions. (The Group Recorder will record the group selections by placing votes for first choice on the left side of the PDME Worksheet and votes for the second choice on the right side of the PDME Worksheet.)

5. The group agrees that the Solution it will select is the solution which rates the highest at the end of the polling.

6. In the event that there is no clear agreement at the end of the polling, the Group Leader will return the group to the discussion of listed items with the understanding that at the end of the second discussion and listing of first and second choices, a consensus will be reached.

➨Instructor: Refer to Reference Materials Packet p. 23.

REFERENCE - 23 (Management Process Worksheet)

7. The students record the solution on the Management Process Worksheet.

8. Instructor: call the groups back and ask 3 or 4 groups to read the Problem Statement, Need Statement, and Solution selected by their group.

➨Instructor: Refer to Reference Material Packet p. 25. You may wish to make a transparency of this reference page.

REFERENCE - 25 (Solutions)

B. Instructor: Review the following steps related to reaching a Solution:

1. Generate a list of Solution possibilities.

2. Consider the Resources and Constraints for each of the Solution possibilities.

3. Select the Solution that is:

   a. Simple
   b. Inexpensive
   c. Measurable
   d. Easy to implement

C. Questions

➔Instructor: Refer to Reference Materials Packet p. 6.

REFERENCE - 6 (Management Processes)

V. Summary

A. Problem Determination to
B. Need Development to
C. Solution Identification
D. We know what our solution is, but how, what, and when are we going to do it?
E. We're now ready to move to the next steps in the Management Process:

   1. Goal Establishment and
   2. Objective Development.

CHAPTER FIVE

GOAL ESTABLISHMENT
OBJECTIVE DEVELOPMENT

[30 minutes]

➔Instructor: Refer to Reference Materials Packet p. 6.

REFERENCE - 6 (Management Processes)

I. Introduction

Once the Solution has been identified, the next two steps involve:

A. Goal Establishment

B. Objective Development

II. Past Experience

As Speech-Language-Hearing Professionals in school settings you will have a great deal of practice with these two phases of the Management Process:

A. Instructional goals and objectives have been in the field for several years.

B. In order to write an Individual Education Plan (IEP) you must know how to establish instructional goals and objectives.

C. In order to complete the Management Process, you must know how to establish **program goals** and objectives.

D. In fact, one might say that this entire Management Process could be likened to a professional IEP, i.e., after determining the solution, we are going to list the program goals and objectives that we need in order to demonstrate our ability to account for services.

➔Instructor: Refer to Reference Materials Packet p. 27. You may wish to make a transparency of this reference page.

REFERENCE - 27 (Goals and Objectives)

III. The First Step: Goals

The first step then is to establish the Goal for the Solution that we have identified.

A. The PDME program specifies that the Goal must:

1. Relate to the Verified Needs we identified earlier.

2. Provide you with overall program direction, i.e., it cannot be global or timeliness...avoid "pie in the sky" goals that are abstract or vague.

3. Indicate:

   a. WHEN the Goal will be accomplished.
   b. WHAT will be accomplished.
   c. CRITERION that will be used to indicate success (relate the criterion level to the problem statement, that is--given the level of performance indicated in the Problem Statement, what is a reasonable expectation for the criterion in the time frame you've identified.

4. Be measurable.

➨ Instructor: Refer to Reference Materials Packet p. 28. You may wish to make a transparency of this reference page. This page can be reproduced for student use.

REFERENCE - 28 (Goal Statement Worksheet)

IV. Goal Activity

A. Activity: Writing Goals:

1. Instructor: Students write Goal Statements, either Parker's or Thompson's, on the Goal Worksheet.

➨ Instructor: Refer to Reference Materials Packet p. 27.

REFERENCE - 27 (Management Process Worksheet)

2. Instructor: instruct students to put Goal Statement on the Management Process Worksheet.

3. Then ask for examples of Goal Statements highlighting the WHEN, WHAT, and CRITERION components. Ask the class to indicate a Need Statement and Solution Statement, as well as a Goal Statement in order to show relationship between them.

V. The Next Step: Objectives

The next step is to develop the Objectives that will be used to achieve the goal.

➡ Instructor: Refer to Reference Materials Packet p. 27.

REFERENCE - 27 (Goals and Objectives)

A. The PDME system defines objectives as: measurable components of your total program -- statements of specific behavior that you want to obtain either from the staff or from pupils enrolled for services.

1. The PDME systems calls for the development of two kinds of Objectives:

   a. Program Objectives
   b. Instructional Objectives

2. As their names imply, Program Objectives relate to the activities needed to implement or achieve program Goals, while Instructional Objectives (what we characteristically place on an IEP) relate to the achievement of instructional Goals; it is important, however, to understand that the Management Process is not changed when dealing with Instructional Objectives, only the content of the Objectives is different.

3. PDME describes Objectives as:

   a. Objectives are desired accomplishments which can be measured within a given time frame.

b. Objectives should contribute to the achievement of stated goals as a way of alleviating the verified educational needs we described earlier.

c. To be measurable the Objective must include:

(1) WHEN the activity must be accomplished

(2) WHO is going to accomplish the activity.

(3) WHAT is going to be done.

(4) TO WHOM it is going to be done.

(5) CRITERION that will indicate success of the objective.

(6) EVALUATION method that will be used to determine if the Objective has been completed.

➨Instructor: Refer to Reference Materials Packet p. 29. You may wish to make a transparency of this reference page. This page may be reproduced for student use.

REFERENCE - 29 (Objective Worksheet)

VI. Objective Activity

A. Activity: Writing Objectives

1. Students: Independently write an objective on the Objective Worksheet.

➨Instructor: Refer to Reference Materials Packet p. 23.

REFERENCE - 23 (Management Process Worksheet)

2. Students: Put sample objective on the Management Process Worksheet.

3. Instructor: Ask for one or two examples of objectives highlighting the when, who, what, to whom, criterion, and evaluation components. Ask for Goal Statement in order to show the relationship between the two.

VII. Activity: Developing a Plan of Action

➨ Instructor: Refer to Reference Materials Packet p. 30. You may wish to make a transparency of this reference page. This page may be reproduced for student use.

REFERENCE - 30 (Plan of Action)

A. Note to instructor: This exercise can be an assignment. When used as a class exercise, limit the number of objectives developed, in the interest of time.

B. We now have the components of a Plan of Action.

1. The Plan will provide concrete direction for what we need to do in order to successfully achieve our goal.

2. It can be as detailed or general as you need to have it; the primary consideration is to provide the direction for accountable management.

➨ C. Instructor: Hand out blank "Plan of Action" - Reference p. 32 in Reference Materials Packet.

1. Students: Write today's date under the title; the date is important because it provides a starting or reference point.

2. Refer to your Management Process Worksheet and write in the

   a. Need Statement
   b. Solution Statement
   c. Goal Statement

3. Once that information is recorded, we're ready to prepare the objectives that will be followed in order to achieve the goal.

4. Chronologically list the objectives that you must complete in order to achieve <u>your</u> goal (place the information on the back of p. 51, your Plan of Action), ...that is, begin with the objective that you feel must <u>first</u> be met, then the next and so on.

5. Instructor: Ask a student to read the contents of his/her objectives and relate them to the following:

6. Instructor: Note the following characteristics of the student's objectives:

   a. Relationship from Need to Solution to Goal
   b. Chronological nature of the objectives
   c. How each objective relates to the goal and the need

➨ 7. Instructor: The following section is a discussion about "activities" and how they relate to objectives.

   a. Activities are the steps you take or the things you do, to complete an objective.

   b. For example: If your objective is to (as is shown in the example on the Management Process Worksheet section on Objectives) "receive copies of SLH program assessment reports from 3 other school districts in the county," there are specific activities that will lead to that.

   c. "Who can give us an example of an activity that will lead to this objective?"

      Instructor: if group seems unclear on this point, cite IEP example, i.e., objectives are written, but the activities that occur each day that contribute toward the achievement of those objectives might be recorded in one's Daily Lesson Plan book (i.e., parent conference, teacher conference, review of sessions, etc.)

➔ Instructor: Refer to Reference Materials Packet p. 27.

REFERENCE - 27 (Goals and Objectives)

Instructor: Briefly review goals and objectives as shown on the reference p. 27 and ask if there are any questions.

VIII. Summary

➔ Instructor: Refer to Reference Materials Packet p. 6.

REFERENCE - 6 (Management Process)

So, we have

A. Determined the Problem
B. Stated the Need
C. Identified a Solution
D. Prepared Goals and Objectives
E. What is next?

1. Implement the Plan
2. Evaluate

CHAPTER SIX
PLAN IMPLEMENTATION EVALUATION

[25 minutes]

➡Instructor: Refer to Reference Materials Packet p. 6.

REFERENCE - 6 (Management Processes)

Instructor: Briefly review process and indicate where this section stands in the process.

I. Plan Implementation

➡Instructor: Refer to Reference Materials Packet p. 31.

REFERENCE - 31 (Plan of Action)

A. At this point in the management process, the Objectives that were listed on the Plan of Action become the focus of your management activities.

B. We will not complete the Plan of Action, but let's take a look at it to get a feeling how this particular Plan of Action format might be used.

C. Let's look at a completed Plan of Action that the Special Education Director asked for on January 6.

1. Instructor: Focus on format of form by reading through the Problem, Need and Goal Statements.

2. Mention the general nature of the objectives and that they are listed in chronological order.

3. Mention that the form represents the focus of the SLH staff in relation to problem-solving the lack of report agreement.

D. The Plan of Action can be used by members of the SLH staff to list their individual objectives or activities as they relate to the achievement of the Goal.

E. Important facts to remember in participating in this Management Process:

1. Follow the Plan of Action as it is written.

2. If there is need to change any of the activities that lead to objectives or the objectives themselves, it is important to record the change made, the reason for the change, and the outcome (a form of data collection).

3. In order to help with the evaluation process later, it is critical that you collect data as implementation occurs.

4. Remember that data collection is an on-going process that, when done with specific Objectives in mind, when well planned and organized, is less time consuming.

➨ Instructor: Refer to Reference Materials Packet p. 6.

REFERENCE 6 - (Management Processes)

II. Evaluation

A. Even though we show Evaluation as the last step in the Management Process, it is important to stress that the Evaluation procedure must be

1. specified at the time the Plan of Action is developed

2. on-going, i.e., in the implementation of every activity (that leads to an objective that leads to a Goal), planned evaluation must be occurring.

B. Instructor: Ask the class for reasons for evaluation.

➡ Instructor: Refer to Reference Materials Packet p. 32. You may wish to make a transparency of this reference page.

REFERENCE - 32 (Evaluation)

1. Try to bring out:

   a. Provide feed-back information to upgrade services.

   b. Provide a sound basis for future planning.

   c. Describe program strengths and weaknesses.

2. PDME says:

   "Developing goals and writing objectives is not enough... Data must be collected and analyzed to provide you with the decision-making information needed to lead to the expansion of effective program components and the improvement or elimination of the ineffective ones (p. 49)."

3. Evaluation is based on:

   a. The quality of the original Goals and Objectives.

   b. The collection of data for each Objective.

   c. The analysis of the data collected.

C. The purpose of evaluation: To determine the effectiveness of the program in accordance with the stated Goals and Objectives.

D. The evaluation process should answer two questions:

   1. Did we accomplish the program Objectives?

   2. Did we bring about the changes we sought?

E. Evaluate programs by evaluating the components of each Objective.

1. Collect data to show if the Criterion was met.

2. Collect data to show if the WHAT in each Objective was achieved. (Did you do what you said you were going to do?)

➨ Instructor: Refer to the Reference Materials Packet p. 31. You may wish to make a transparency of this reference page.

REFERENCE - 31 (Plan of Action)

F. Let's take a look at the sample Plan of Action.

1. Notice the sections marked " Status" and "Status Code."

a. When the Special Education Director called for the Plan of Action, Thompson was required to indicate the status of the objectives.

b. Instructor: review status codes, markings and comments.

2. This information provides an evaluation of the progress on each objective that is on-going;

a. Anyone reviewing the Plan of Action can evaluate not only the status of each objective, but also the potential need for revision of an objective or the Plan.

b. This evaluation phase of the Plan can be completed regularly to determine progress or on an "as needed" basis.

III. Reviewing the Data

By reviewing the data obtained during the evaluation, the practitioner, supervisor or director will set up a new set of concerns and the management process recycles to the point at which we began this morning.

A. Evaluation enables us to continually <u>improve</u>.

B. Evaluation enables us to demonstrate that we are <u>accountable</u>.

1. Did we do what we set out to do in the time that we said we would?

2. If so, how can we improve on it?

3. If we did not, how can we improve on it?

C. If we were unsuccessful in the accomplishment of an Objective, it is still important to collect information to determine where further change needs to occur.

1. WHEN: Was the time allotted for completion too long? Too short?

2. WHO: Was the wrong person responsible for carrying out the objective?

3. WHAT: Was the activity to be carried out specific enough? Was it detailed enough to be clear?

4. TO WHOM: Was the service provided or the action undertaken with the wrong group or individual?

5. CRITERION: Was it set too high? Too low?

6. EVALUATION: Was the procedure used appropriate in terms of collecting enough information to determine if the CRITERION was met and the WHAT carried out?

D. Questions

➔ Instructor: Refer to Reference Materials Packet p. 6.

REFERENCE - 6 (Management Process)

V. Summary

Let us quickly list the steps in the management process. Instructor elicit from the class:

A. Determine the Problem.
B. Develop the Need.
C. Identify the Solution.
D. Establish the Goal and Develop the Objectives.
E. Implement the Plan and
F. Evaluate

CHAPTER SEVEN

SYSTEM APPLICATION

[60 minutes]

I. Introduction

A. To this point, we have discussed mainly the fact that there are distinct steps in the management process, ones that we have heard before, but perhaps never put together in a given sequence of management that we could apply in our roles as managers.

B. Along the way, you have heard the names of three systems mentioned and we have briefly outlined various steps and parts of these systems:

a. PDME: Program Planning, Development, Management, and Evaluation (total program management)

b. CSRS: Child Services Review System (quality assurance tool).

c. CASE: Comprehensive Assessment and Service Evaluation (data collection instrument).

d. Through the problems that Parker and the SLH supervisor had, we mentioned several problems that related to caseload; a fourth ASHA publication, Caseload Issues in the Schools, discusses several of the caseload issues facing us today in the school setting.

C. We will now take just a few minutes to review each of these systems or publications and how they may be applied in a school setting. These systems are also available described in you PDQ resource book.

➡Instructor: Refer to Reference Materials Packet p. 11.

REFERENCE - 11 (CASE)

II. CASE: Comprehensive Assessment and Service Evaluation System

A. The CASE system is a series of processes and model forms that systematically collect, store and allow for retrieval of language, speech, and hearing student and program information; a guide is also provided to assist use of the forms in a given setting.

B. CASE provides all the material and guidance for retrieving and using data for:

1. Program evaluation and planning.
2. Increasing program efficiency.
3. Documenting program and staff practices.
4. Analyzing the degree to which services provided are appropriate and effective.

C. CASE is not meant to supplant any existing systems of data collection procedures; the CASE system is, however, meant to assist SLH personnel evaluate and upgrade their existing information system.

D. CASE procedures may be used to develop information systems for other special education programs as well as for SLH programs that are located in settings other than the schools.

E. The CASE Information System consists of three separate manuals: Student Management; Program Management, and a Guide for System Implementation.

1. The System Implementation Guide includes seven steps which lead to the implementation of the system. The steps are meant to be flexible in order to adapt to the most effective use within a program. Materials for transparencies are included for use in in-service, and handouts are included in easy-to-duplicate forms.

2. The Student Management System is designed to collect, store, and retrieve information on the delivery of appropriate SLH services to individual students; forms are provided to record information related to:

   a. Referral
   b. Screening
   c. Assessment
   d. Placement
   e. Intervention
   f. Summary of services

3. The Program Management System is designed to collect, store, and retrieve information that can be used for planning, designing, implementing, managing, and analyzing program functions, services, and outcomes.

   a. The information is compiled by grade, school, and total school district.

   b. Information is also compiled by program cost and personnel time allocation.

   c. The processes include student information, cost analysis, and special reports.

4. Forms

   a. Data collection forms have been developed for each of the CASE processes.

   b. Any single component can be added to an existing SLH program without affecting the overall utility of the component part or major changes in the existing SLH information system.

   c. The forms are included in each of the two process manuals and are included so that they may be copied.

   d. Instructions are provided for easy use and application of each of the forms.

E. Questions

III. PDME: Program Planning, Development, Management, and Evaluation

A. The PDME program was developed by an ASHA Task Force to present a model for formal systems management that could be used by practitioners, supervisors, and coordinators of special service programs in the schools.

➔Instructor: Refer to Reference Materials Packet p. 9.

REFERENCE - 9 (PDME)

B. The PDME program has six main steps; they are

1. Identifying problems

a. Analyze program data to determine what the major problems of the program are; a five-page worksheet is provided to assist you in the analysis of program data related to:

(1) pupils
(2) staff
(3) facilities
(4) financial resources
(5) program policies

b. A second worksheet helps you to identify the problems.

c. Information is then provided to assist you in determining the magnitude of the problem through various data-gathering methods (questionnaire, recording, comparison, interview, and/or data analysis); an accompanying worksheet assists in the process of verification.

2. Identifying needs: Needs are identified by:

a. Describing alternative strategies.
b. Reviewing resources and constraints.

c. Practicing the description of Alternative Strategies on a worksheet.
d. Implementing strategy choices by developing Goals.
e. Practicing the development of Goals on a worksheet.

3. Developing Program Objectives by:

a. Identifying the components of Program Objectives.
b. Practicing the development of Program Objectives on worksheets.

4. Developing Instructional Objectives by:

a. Reviewing service components.
b. Determining possible objections to implementation (for example: resistance to change).
c. Listing suggestions for implementation.
d. Suggesting activities for supervisors and staff.
e. Practicing the development of Instructional Objectives on a worksheet.

5. Discussing Program Evaluation

6. Discussing Feedback and Recycling

C. Questions

IV. CSRS: Child Services Review System

A. The CSRS system is a strategy for quality assurance that enables a staff to assess and improve the effectiveness of the services they provide to handicapped students.

1. It can identify trends in service delivery.

2. CSRS highlights services that are effective and those that are ineffective and require modification.

3. The primary application is at the case management level; however, the system may be incorporated into a more comprehensive system like PDME by becoming the evaluation instrument used.

B. The CSRS system is based on the Patient Care Audit quality assurance mechanism developed by ASHA for professionals working in health care settings.

➡Instructor: Refer to Reference Materials Packet p. 10.

REFERENCE - 10 (CSRS)

C. There are nine steps in the CSRS Audit Cycle:

1. Select an Audit Topic after establishing an Audit Committee of three to five service providers; procedures are given for selection of the Topic, Focus, Population and Time Period.

2. Draft five to seven criterion statements with accompanying Expected Levels of Performance (definition of the behavior that 100% of the population being studied should demonstrate) and identify a Threshold for Action for each Criterion Statement, i.e., at what level (%) is the performance level expected to fall before a recommendation is made for change.

3. Ratification of the Criterion Statements, the third step, involves the acceptance of each Criterion Statement and Threshold for Action of staff members involved with the population being studied. This is an important step and certainly one that works toward good program support since all staff members are involved.

4. The fourth step involves a review of the student records; a screening level is established, as is the Actual Level of Performance for each Criterion Statement.

5. The next step involves the comparison of the Actual Level of Performance with the Threshold for Action for each Criterion Statement. Problems are identified and rank ordered. The Audit Committee develops a list of all the causes for each problem and narrows the list to the most probable causes of the problem.

6. The sixth step is designed to develop Solutions through the preparation of a Remedial Action Plan, a plan similar to the "Plan of Action" we completed earlier.

7. The seventh step involves the ratification of the Remedial Action Plan by the staff members; ratification ensures that all staff members are aware of the results of the Audit as well as the plan to remediate the problems that were discovered.

8. The implementation of the Solutions is the next step and it involves the taking of action by the program staff.

9. The ninth and last step involves a Re-audit of the same Topic, using the same Focus and Population. The Criterion Statements are reapplied to the records developed during the implementation phase and a determination is then made as to whether the services to the identified population did indeed change.

➨ Instructor: Refer to Reference Materials Packet p. 12.

REFERENCE - 12 (Caseload Issues in Schools)

V. **Caseload Issues in the Schools: How To Make Better Decisions**

A. We have mentioned several caseload concerns in the process of establishing a management process for Parker and the SLH supervisor, Thompson.

B. In an effort to look at realistic solutions to caseload issues affecting professionals working with communication disorders in school settings, several experts presented seminars and recommendations for the application of methods designed to offer suggestions that will enhance the accountability and quality of the speech-language-hearing programs in the schools.

C. Chapters in the publication include:

1. A comparison of caseload issues from the past with those of the present.

2. A discussion of service alternatives in school settings, which includes a framework for decison making, information on tracking, and factors related to direct and indirect service delivery options.

3. Considerations related to issues which includes identification, assessment, sources of diagnostic information, assumptions in testing, cautions, and solutions to the issues mentioned in the chapter.

4. A description of procedures for gaining administrative support which summarizes what you need to know about your organization, who makes it work, who pays for what is provided; what you need to do about accepting your situation the way it is, how to work to have impact; and how you can do it through planning, the use of a time line, evaluation, flexibility, and risk taking.

5. Information related to criteria development, which includes suggested guidelines for the completion of criterion statements, generic entry criteria, and exit criteria.

6. An orientation to group processing is included in the last chapter; included are descriptions of nominal group processing and brainstorming techniques, guidelines to use when involved in the process of achieving consensus, functions for the facilitation/identification of positive and negative group behaviors, and suggestions for helping groups accomplish tasks.

D. In order to exemplify the realistic nature of the information included in Caseload Issues in Schools, a portion of the section on gaining your administrator's support may be found in your packet of forms: Summary of Hagstrum's suggestions on "What One Needs to Do."

➨ Instructor: Refer to Reference Materials Packet p. 33. You may wish to make a transparency of this reference page.

REFERENCE - 33 (Hagstrum's Suggestions)

1. Accept the way it is: Complaining and/or angry staff members do little to gain the support of their administrator.

2. Develop tight criteria for your program: The criteria will explain what you are doing.

3. Assess the importance of your area in the eyes of others: If the opinions of others are negative, assess your ability to change their opinions.

4. Learn about your administrator's role and priorities: Learn how to enhance the ability of your administrator to do his/her job; discover his/her personal strengths and weaknesses and how they relate positively and negatively to administrators; show your administrator how your program would help him/her achieve his/her goals.

5. Demonstrate your skill in making caseload decision: Know your criteria and if they are being followed, make sure your procedures are uniform and defensible; be sure you are serving truly handicapped students.

6. Show how you are not meeting your obligation to serve: Show that, for example, because you are understaffed, the service you are providing is below standard or nonexistent.

7. Collect data to show trends: These data are important sources of support for issues being presented to your administrator.

8. Compare what is happening in your district with what is happening in other districts: Administrators respond well to information that shows how their program ranks with others.

9. Establish that you can be trusted: Do what you say you will.

VI. System Review

Let us briefly review the application of these systems: How can you use them or similar systems in your school setting?

➨ Instructor: Refer to Reference Materials Packet p. 11.

REFERENCE - 11 (CASE)

A. The CASE Information System is a data collection system that is usable at any time to provide information that improves the quality of services to communicatively handicapped students.

1. The system is self-instructional.

2. The forms are included in its manuals with accompanying in-service information so that forms or transparencies can be easily made.

3. The information can be computerized based on the needs of the user.

➨ Instructor: Refer to Reference Materials Packet p. 9.

REFERENCE - 9 (PDME)

B. The PDME system is a good formal planning for total program management resource that can be used by practitioners, managers, and directors of programs.

1. The process of management is pertinent to speech-language-hearing professionals, as well as special education professionals.

2. Because the manual itself is self-instructional, you do not need to participate in workshops in order to learn the process. Technical questions related to the information can be asked at a PDQ follow-up teleconference scheduled to deal with that specific information.

➨ Instructor: Refer to Reference Materials Packet p. 10.

REFERENCE - 10 (CSRS)

C. The CSRS system is a quality assurance strategy that can be used by practitioners, managers and directors working in groups to improve the quality of services.

1. The case management system could be used for purposes such as: assessing continuing education and skill development needs for staff members.

2. This system is not appropriate for application in the determination of the effectiveness of specific services to a specific pupil, but rather the patterns of service delivery over a specific period of time to a specific group of students.

3. Speech, language, hearing, or special education staff can focus on services delivered to specific groups of pupils in the past, identify trends of service deficiencies, and improve services to similar groups in the future.

4. CSRS addresses the mandates of Public Law 94-142 by:

   a. Developing criteria for identifying and evaluating appropriate and effective services.

   b. Reviewing individual records or Individual Education Programs (IEPs).

   c. Including all professionals who provide services to handicapped pupils.

   d. Involving service providers in assessing and improving services.

5. The CSRS system also provides a model for group processing. It provides guidelines for reaching consensus or agreement and for involving several professionals in the process. Its ratification component provides a good model for total group involvement at all problem solving levels.

➨ Instructor: Refer to Reference Materials Packet p. 12.

REFERENCE - 12 (Caseload Issues in Schools)

D. Caseload Issues in Schools: How To Make Better Decisions provides information that can be applied to any caseload; helpful suggestions are provided to respond to current decision-making issues related to caseload such as providing appropriate services, considering reasonable service alternatives, using assessment, information for decision making, gaining the support of administrators for program survival, extry/exit criteria development; and group processing suggestions and guidelines.

VII. Interrelationship of the Resources

A. It is conceivable that a given special education or speech-language-hearing program could use all four of these adjuncts to management and programming. As you become familiar with a system or systems, you will see that various components can be used outside the system for which it was originally developed.

B. The CSRS strategies can be used in conjunction with the PDME program at the "Need Identification" and "Evaluation" steps.

C. The PDME strategies can be used in developing the Remedial Action Plan of the CSRS program.

D. The CASE, CSRS, and PDME systems are compatible in that data support is necessary at several points of each of the programs; the CASE Information System provides that support.

E. Issues specific to caseload are inherent in each of the three systems in that the topic relates to a goodly portion of the focus of the service that is being provided. The information in Caseload Issues in Schools: How To Make Better Decisions will certainly be compatible with the management processes presented in each of the three systems.

VIII. Summary

A. I have mentioned the four sources of information that can be used to support the management processes that can be applied in a school setting for programs that provide services to handicapped students.

➨ Instructor: Refer to Reference Materials Packet p. 8.

REFERENCE - 8 (Triangle of Management Resources)

B. Trainer

1. The data collection system (CASE) can be used <u>throughout</u> the management process.

2. A formal planning system like PDME is good for overall program management; it serves as a <u>foundation</u> for program management.

3. A quality assurance mechanism like CSRS is suitable for determining the strengths and weaknesses of a program <u>component</u>.

4. Caseload issues are certainly a major portion of the focus of practitioners, supervisors, and program directors alike. Such issues relate to a specific component of the total program; however, they are of primary concern in the school setting today.

C. Questions

CHAPTER EIGHT
SUMMARY

[30 minutes]

➨Instructor: Refer to Reference Materials Packet p. 34. You may wish to make a transparency of this reference page.

REFERENCE - 34 (Summary)

I. Management and Accountability

Management processes have been the focus of PDQ course.

A. We began by defining accountability: when we are accountable, we are answerable or responsible for the services we perform. Accountability refers to the fact that we do what we say we will, when we say we will, in the way we said we would, in the least expensive way.

B. Accountability is important in our technical, organizational, and people skills; these are skills we need in order to implement quality services.

C. Accountability is an issue with which we must deal on a daily basis in the services we provide to handicapped students due to the mandates of PL 94-142.

1. We must provide appropriate services to students with special learning needs.

2. We must be able to show evidence of the planning, delivery and evaluation of the services that we provide.

D. Management processes provide the tools we need to be accountable.

1. Managers are people that plan, organize, make decisions, and evaluate.

2. It would appear then that all service providers, regardless of their title, are managers (the difference is what is managed; the process, however, is the same).

II. Management Process

A. We described a six-step sequence that can be used in a school setting to manage the program in which a professional works. These steps are:

1. Determine what the Problem is.
2. Develop the Need.
3. Identify the best Solution.
4. Prepare Goals and Objectives.
5. Implement the Plan of Action.
6. Evaluate the effectiveness of the Solution.

B. For some of us this is not new. We all know about each of these six steps. What PDQ recommends to speech-language pathologists and audiologists is that we implement these steps to support us in the demonstration of accountability on our jobs.

C. We learned about group processing and in fact used the Nominal Group and Brainstorming Processes in several exercises.

1. Working with groups is an important function of a good manager.

2. Working with groups is a primary component in responding to the mandate of PL 94-142.

D. We learned about different possible resources that could be used in a school system.

1. The CASE information system provides good data collection formats for student and program management.

2. The PDME system provides a good foundation for general program management.

3. The CSRS system provides a good tool for quality assurance, that is, determining the strengths and weaknesses of a program and then developing strategies to improve the quality of services to the students we serve.

E. We learned about Caseload Issues in Schools: How To Make Better Decisions, a manual that provides thought provoking discussions about issues related to decision making (caseload inconsistencies, service alternatives, assessment, administrative support, criteria development, and group processing).

III. Where Are We Going With This Information?

A. The goal of the PDQ course is to provide information to preprofessionals who will work in a school setting that will support them in providing the highest quality services to students with communicative handicaps.

B. Some of you may become program directors and supervisors or coordinators who will develop management programs which you will use on your work site.

1. We hope that we have provided you with information that will enhance the role of supervisor.

2. We hope that you will continue to learn about the practice of implementing management strategies in a school setting (e.g., would Quality Circles work in a school district)?

C. Some of you will be practitioners who will be direct service providers.

1. We hope that you see yourself now as a manager and that you will feel the need to use management processes in the management of your caseload.

2. We hope that you will use the information that you have received and will apply the management processes in your practice.

3. We hope that you will continue to learn about management techniques and how they will apply to you in a school setting.

IV. Conclusion

The application of management skills in a school setting is appropriate for each of us as we offer the very best services available to handicapped students. Quality is our concern....management processes are our tools.

Planning and Development of Quality Services in the Schools

Student Manual

American Speech-Language-Hearing Association

THE PLANNING AND DEVELOPMENT

OF

QUALITY SERVICES IN THE SCHOOLS

Sandra Raymore Wright, Project Director

American Speech-Language-Hearing Association
10801 Rockville Pike
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PREFACE

Speech-language pathologists and audiologists who are employed in school settings face a myriad of experiences and responsibilities on a daily basis. Not only must they respond to the very special needs of the students for whom they provide services, but they also need to interact with other speech-language and hearing practitioners, teachers, principals, guardians, parents, supervisors, school administrators, state and federal agencies. Regardless of the title of the position held by the professional who specializes in communication disorders, working with people in an organized and professional manner is the primary focus. This focus, the need to identify oneself as a **manager**, is critical for the continuing development of the professional working in a school setting.

"PDQ: Planning and Development of Quality Services in the Schools (PDQ)" was an attempt by the American Speech-Language-Hearing Association to respond to the expressed needs of persons in public school settings for information and inservice education related to better management. The project sought to bring such knowledge to professionals working in special education with children who had communication disorders -- specifically, speech-language pathologists, audiologists, special education program managers (coordinators, supervisors, directors), school administrators, and state special education directors and speech and hearing consultants.

As the principal product of the PDQ Project, the PDQ manual was employed in an effort by the Association to respond to the need for management training by special education and speech and hearing personnel in the schools. The manual sought to educate direct service providers, administrators, and supervisors in how to respond effectively to the needs for service availability, accountability, and quality.

This text represents an adaptation of the PDQ material for use at the university level. Materials developed for use at the university level include: a scripted Instructional Guide, Reference Materials, and the student's PDQ Manual. The contents of the PDQ course are contained in the Instructional Guide; Reference Materials comprise a packet that contains "masters" for the production of transparencies, a simulated case study and forms for use in assigning student activities; and the Students Manual becomes a resource book for students as they complete the problem solving exercises presented at the end of the section describing the four management systems.

The manual is meant as supplemental course material to reinforce the skills to which the students are introduced during the class presentation.

Clinical Supervisors and Practicum Supervisors will be able to use modules from this course to enhance existing curriculum offerings such as Clinical Methods and Professional Programs and Practices. The materials also lend themselves to use in a one-day workshop for off-campus Clinical Supervisors and their students.

We hope you will find the material helpful.

James P. Gelatt, Ph.D.
Director
Sponsored Programs Division

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The PDQ Project staff would also like to recognize the generous spirit of cooperation exhibited by the staff of all the ASHA departments who contributed to the success of the PDQ Project.

Roberta Williams
Acting PDQ Project Director

CASE STUDY

AN INTRODUCTORY NOTE

A case study is included on the following pages to provide information for the reader to use in problem-solving exercises presented at the end of the sections of this manual. These exercises are an effort to provide information that will promote the application of the manual contents using a self-instructional format. The reader must know that, with the exception of Exercise II in the "Interrelationships" section, there is no "right" answer. The interest here is to involve the reader in the process of application.

CASE STUDY

INSTRUCTIONS

While reading through the Case Study, watch for information that relates to the following areas:

CASELOAD: Consider what the reasons may be for relatively high caseloads.

TREATMENT: Given the characteristics of University Place, what types of students are placed in treatment, and what type(s) of treatment would you project for students from the community?

FUNDING: Is funding a current or future problem for the speech-language-hearing program?

MANAGEMENT: What are the strengths and weaknesses of the speech-language-hearing program in program management (i.e., assessment strategies, reporting, entry/exit criteria, etc.)?

THE CASE

In March 1984, L. Thompson, supervisor of the Language-Speech-Hearing (LSH) program for University Place Unified School District, was considering the status of the LSH program. Thompson felt the program had several strong areas. However, due to a possible reduction in funding during the 1984-85 school year related to a rumored decrease in PL 94-142 allocations, the supervisor felt that the Special Education Department administrator might be looking at the LSH program as a source for possible cutbacks. Thompson felt that now was the time to prepare for this possibility, especially in light of the fact that the LSH staff members had expressed their belief that an increase, not a decrease, in staff funding for the LSH program was necessary.

Community Background Information

University Place was given its name in 1913 when a plan to construct a university at the site was unsuccessful. Until the early 1950s, its residents were small farm owners and their families. In 1951, University Place incorporated its 524 residents to avoid paying Kansas City taxes.

In the early 1950s, families moved to University Place to leave the city and settle in the gently rolling Kansas hills. The families were generally middle class with a single provider. Home and business owners paid local taxes that supported the community needs for education and recreation. By the late 1960s, observers described the 12,000 population community as family oriented, young, proeducation, and procommunity.

In 1977, a community of non-English-speaking Morkovian families moved into University Place. The families enrolled 84 mostly elementary-aged children in the schools near their homes. Since that time, the local yearly census has reflected consistently increasing numbers of Morkovian families and decreasing numbers of the earlier homeowners. University Place today is a community of generally large, lower middle-class, two-income families. The school system has enrolled 100 Morkovian students for whom English is a second language.

The primary source of revenue for University Place is the taxes paid by homeowners and businesses. No large industries exist in the community; however, two medium-sized shopping centers are located within the University Place boundaries.

School District Background Information

The University Place Unified School District originally included one school in which all elementary and secondary students enrolled. By 1960, two elementary schools and one junior-senior high school had been built to accommodate the increase in students. By 1970 three preschools, four elementary schools, two junior high schools, and two senior high schools attended to the educational needs of the students. The growth in the number of schools was financed by local, state, and federal funds. Several community fund-raising events provided special items for the schools (e.g.,

football field turf, band uniforms, school choir trip to New York City, etc.). In 1977, a special school was founded to meet the special educational needs of the mentally retarded, behaviorally disordered, and physically disabled students.

With the change in community profile occasioned by the Morkovian shift in population, much of the earlier community interest in the schools appeared to wane. However, the Parent-Student-Teacher Association (PSTA) and Lions Club remained sources of moral and financial support to the district.

In 1983, the school district took serious notice of a gradual declining trend in enrollment. In 1978, the average daily attendance (ADA) was 7,298 students, whereas the 1982 ADA was 6,614 students. This downward trend, consistent with that of other school districts in the state and the nation, meant less state support (state funding formulas were based on ADA figures). Today (1984), the school district ADA is 6,450 students.

As property revenues dwindled over time, taxes increased in order to maintain support of the school district and other community programs. Fewer property owners were paying taxes and at a higher rate. To maintain its programs and buildings as well as comply with stronger education regulations, the district became more dependent upon the declining state and federal monies.

Special Education Department Background

As with many school districts, attention to students with special education needs was minimal during the years before 1970. During the 1970s, however, the University Place school system initiated special education services in each school setting, including the previously mentioned special center. By 1976, the year PL 94-142 (Education for All Handicapped Children Act) was implemented in University Place, the district had little difficulty complying with federal requirements. However, the PL 94-142 monies became increasingly critical to the maintenance of the Special Education Department because both local and state tax monies were limited. The special education director, the fifth since 1976, seemed to focus most of her attention on maintaining student and program records to comply with PL 94-142 guidelines.

While the school district's ADA and enrollment were decreasing, the enrollment of students in special education programs was increasing. The following table shows this enrollment trend.

TABLE 1
Enrollment and Percentage of ADA in Special Education
October 1, 1975 - October 1, 1983

Year	District ADA	No. Students in Sp. Ed.	% of ADA	Year	District ADA	No. Students in Sp. Ed.	% of ADA
1975	7071	212	3	1980	6968	676	9.7
1976	7106	284	4	1981	6750	702	10.6
1977	7173	416	5.8	1982	6614	814	12.3
1978	7298	664	9.1	1983	6572	999	15.2
1979	7151	615	8.6	1984	6450	903	

In a hastily called staff meeting, the special education director met with the program supervisors and expressed dismay that, during the 1983-84 school year, the enrollment of special education students was well over 12 percent of the ADA (the state of Kansas funded special education programs only to the 12 percent level). In conversations with other local education agency (LEA) special education directors, the special education director learned that many district special education programs were experiencing the same trend. The director and supervisors concluded that the large numbers of special education students might be due to any of the following:

1. an increased number of learning-disabled students,
2. an increased number of non-English-speaking students,
3. an increased number of behaviorally disordered students, and
4. an increased enrollment of "difficult-to-teach" students (particularly since teacher-student ratios in the regular classrooms were higher this year).

The director warned the supervisory staff that because the state would fund only 12 percent of the special education enrollment and because the previous PL 94-142 funding level was not guaranteed, there appeared to be a need to consider where cutbacks could be made for the 1984-85 school year. The director suggested that possible areas for cutbacks would be in personnel and supplies/materials. The program supervisors were asked to evaluate their programs, to account for the need for services being provided for each student enrolled in a special education program. The supervisors were to report back in one month with suggestions that would support the needs of the special education department.

The Speech-Language-Hearing (SLH) Program

Thompson felt that the SLH program staff had worked hard to improve the quality of services to communicatively impaired students during the past school year. Most of the staff felt their supplies, materials, and equipment were appropriate for their needs.

However, the supervisor felt that several caseload issues were potential problems. Thompson listed several of those issues:

- The average caseload carried by the SLH staff included 64 students; the American Speech-Language-Hearing Association recommended lower caseload levels based on the type of service performed. Some SLH staff members complained that caseloads were too high and that an additional staff member would solve the problem.

- The caseload data collected by Thompson indicated that the number of Morkovian students placed in the program was 84 out of 100 Morkovian students enrolled in the school district; the supervisor's observations revealed that the students were receiving language services primarily.

- The SLH program seemed disorganized:

  - Too many different assessment tools were being used (each staff member used his or her own battery of tests);

  - SLH assessment reports were handwritten, difficult to read, inconsistent in format; and

  - Individual members of the SLH staff seemed to have unclear criteria for entry into and exit from the SLH program.

- The SLH program generated $145,149 in funds (see CASE Form G); the overall SLH program budget was $145,149 (see CASE Form H). Therefore, there is no need to question the amount budgeted for the program.

Several forms follow the case study. Information from the forms may be used by the reader to respond to exercises designed to provide practice in the application of the material or information presented in the Manual.

CASE STUDY FORM 1

UNIVERSITY PLACE UNIFIED SCHOOL DISTRICT
Special Education Department

SLH Staff Services Performed - SY 198 - 198
STUDENT COUNT

Staff	Assign.[a]	Stat.[b]	Screened	Assessed	Avg. Case-load	Total Served	Dis-missed	Undup[c] Count
Anderson, P.	Ele.	CCC	68	42	74	82	21	30
Betts, R.	Spec.	CCC	54	57	65	73	7	21
Dorant, D.	Ele.	CFY	79	43	74	79	23	28
Martinez, O.	Presch.	CCC	40	18	60	66	22	49
Parkinson, T.	Ele.	CCC	63	43	71	77	30	24
Rogers, E.	Hear.	CCC	11	12	49	56	8	53
Statton, M.	Sec.	CFY	46	34	63	68	19	33
Young, B.	Sec.	CFY	44	33	65	72	17	35
TOTAL			405	282	521	573	147	273

* [a]Assign. - Assignment Area
Ele. - Elementary Schools
Hear. - Hearing Impaired Students
Presch. - PreSchool
Sec. - Secondary Schools
Spec. - Special Education

[b]Stat. - Program Status
CCC - Certificate of Clinical Competence
CFY - Clinical Fellowship Year

[c]Undup. - Unduplicated

CASE STUDY FORM 2

UNIVERSITY PLACE UNIFIED SCHOOL DISTRICT

GENERAL FUND PROGRAMS
SUMMARY

1984-1985 BUDGET

ADMINISTRATION		$ 436,568
INSTRUCTION		
Districtwide Instruction	$ 288,249	
Elementary Instruction	3,751,705	
Junior High Instruction	1,861,086	
High School Instruction	2,955,459	
Forest Park School	405,367	
Vocational Education	156,167	
Special Education	1,612,475	
Instructional Support Services	632,308	
Student Services	57,846	
Professional Staff Development	12,088	
TOTAL INSTRUCTION		$11,732,750
HEALTH SERVICES		53,604
OPERATIONS/MAINTENANCE		1,685,602
FIXED CHARGES		1,226,063
STUDENT ACTIVITIES		174,756
COMMUNITY SERVICES		80,976
TUITION		103,576
TRANSPORTATION		52,500
TOTAL GENERAL FUND		$15,546,395

CASE STUDY FORM 3

UNIVERSITY PLACE UNIFIED SCHOOL DISTRICT

SPECIAL EDUCATION BUDGET
1984-1985

LINE ITEM	PROGRAM	1984-1985 BUDGET	REIMBURSEMENT	NET COST
03-230-300-000	Learning Disabled	$ 547,808	$ 370,684	$177,124
03-230-300-217	Title I-ESEA	136,014	136,014	-0-
03-230-305-000	Director of Spec. Ed.	67,912	20,868	47,044
03-230-305-284	PL 94-142	213,265	213,265	-0-
03-230-305-297	Preschool Spec. Ed.	20,648	20,648	-0-
03-230-305-475	Homebound	23,820	-0-	23,820
03-230-320-000	Trainable Resource	2,182	1,501	681
03-230-330-000	Speech-Language-Hearing	145,149	94,965	50,184
03-230-350-000	Vision Impaired	567	109	458
03-230-375-000	Autism	58,350	39,278	19,072
03-230-380-000	Orthopedically Handicapped	21,482	14,542	6,940
03-230-390-000	Early Intervention	95,063	95,063	-0-
03-230-395-000	Psychological Services	78,118	48,305	29,813
03-230-397-000	English as a Second Language	59,992	29,487	30,505
03-230-421-000	Health Services	85,808	-0-	85,808
03-230-421-609	Health Services/Non-Pub.	9,918	9,213	705
03-230-920-000	Special Education/Non-Pub.	41,777	32,743	9,034
	TOTAL SPECIAL EDUCATION BUDGET	$1,607,873	$1,126,685	$481,188

CASE STUDY

FACT SHEET

1. Personnel
   Daily rate (average): $91.07

   Total Salaries Budgeted: $139,159
   Total Staff: 8
   Number of Days Worked Per Year: 191
   Average Daily Salary Per Staff Member: $91.07

2. Room Cost
   Contributed by school district

3. Travel
   $ .23 per mile
   Average distance to meeting place 4 miles one way from any point in the school district

4. Miscellaneous Costs

   a. Consultant
      $35 per hour

   b. Registration Fee
      $80 per day

   c. Per Diem
      $32 per day

FORM F: Summary of Language, Speech, and Hearing Student Services

A = Articulation

L = Language

V = Voice

F = Fluency

H = Hearing

M = Multihandicapped

CDf = Communicatively Different (i.e., "maturational or cultural/ethnic linguistic variations that are not considered communication disorders. However, these differences may require services provided by language, speech, and hearing personnel." (CASE manual, p. 12).

FORM F SUMMARY OF LANGUAGE, SPEECH, AND HEARING STUDENT SERVICES

Reporting Period:

018	117	81x	to 015	217	81x
Month	Day	Year	Month	Day	Year

1. LEA Name: University Place — **Code:**

2. Completed by (Name): L. Thompson — **Code:**

3. General LEA Information	Preschools	Elementary Schools	Secondary Schools	Special Schools	Other Schools	3c. Total All Schools
3a. Number of Schools	3	6	2	1		12
3b. Student Enrollment	270	3,786	2,578	201		6,835

Language, Speech and Hearing Program Information

4. Screening	Number of Students Screened for Communication Disorders							Screened for CDf	Total Screened	Results		Recommendations	
	A	L	V	F	H	M	Total			Pass	Fail	Rescr.	Assess.
4a. Preschool						26	26	14	40	18	22	6	16
4b. Elementary	25	35	10	6	7	76	159	58	217	56	161	27	134
4c. Secondary	10	29	6	9	4	18	76	18	94	16	78	8	70
4d. Special						44	44	10	54	0	54	0	54
4e. Other													
4f. Total	35	64	16	15	11	164	305	100	405	90	315	41	274

5. Assessment	Number of Students with Communication Disorders							Total with CDf	Total with NAP	Total Assessed
	A	L	V	F	H	M	Total			
5a. Preschool	1	1				10	12	4	0	16
5b. Elementary	13	19	6	5	6	25	74	51	9	134
5c. Secondary	9	15	6	4	3	11	48	19	3	70
5d. Special		19				25	44	10	0	54
5e. Other										
5f. Total	23	54	12	9	9	71	178	84	12	274

6. Placement	Number of Students Placed for Communication Disorders							Number Placed for CDf	Total Placed	Number Placement Pending	
	A	L	V	F	H	M	Total			CD	CDf
6a. Preschool	9	31			18	34	92	4	96	0	0
6b. Elementary	33	39	11	15	23	66	187	70	257	0	0
6c. Secondary	28	18	15	12	15	16	104	35	139	0	0
6d. Special		34				37	71	10	81	0	0
6e. Other											
6f. Total	70	122	26	27	56	153	454	119	573	0	0

7. End of Period	Number of Students with Communication Disorders Requiring Further Service							Number: CDf Further Service	Total: Further Service	Number: No Further Service	Number: Status Pending
	A	L	V	F	H	M	Total				
7a. Preschool	7	16			16	29	68	3	71	25	0
7b. Elementary	17	20	9	11	18	53	127	53	180	77	0
7c. Secondary	16	18	4	5	14	14	71	30	101	38	0
7d. Special		29				35	64	10	74	7	0
7e. Other											
7f. Total	40	83	12	16	48	131	330	96	426	147	0

Copies to:
Director of Special Education
LSH Supervisor

Data flow to:
No data flow

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FORM G

PROGRAM FUNDING SOURCES

Reporting Period: through

018	117	81X	015	217	81X
Month	Day	Year	Month	Day	Year

1. LEA Name: University Place — Code

2. Completer (Name): L. Thompson (LSH Supervisor) — Code

3. Funding Source		Funds Allocated by Program			7. Funding Basis (Specify)
		4. Language and Speech	5. Hearing	6. Total Funds	
FEDERAL	1. PL 94-142 @ $239	$65,247	$7,409	$72,656	Funded following service year
	2. PL 89-313 @ $500	21,000	1,500	22,500	" " " "
	3.				
	4.				
	~				
	Subtotal—Federal	$86,247	$8,909	$95,156	
STATE	1. State Funds	$26,128	$ 0	$26,128	Based on ADA: Personnel Units Only
	2.				
	3.				
	4.				
	~				
	Subtotal—State	$26,128	$ 0	$26,128	
LOCAL/COMMUNITY	1. Tax Monies	$ 0	$17,942	$17,942	
	2.				
	3.				
	4.				
	~				
	Subtotal—Local/Community	$ 0	$17,942	$17,942	
PRIVATE	1. Lyon's Club	$ 0	$ 5,923	$ 5,923	Equipment
	2.				
	3.				
	4.				108
	~				
	Subtotal—Private	$	$ 5,923	$ 5,923	
8. TOTAL—All Funding Sources		$112,375	$32,774	$145,149	

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Copies to:
LSH Supervisor
Director of Special Education
Other Administrative Personnel

Data flow to:
FORM H: Program Budget and Expenditure Report
FORM J: Staff Information Analysis and Time Distribution Report

FORM **H**

PROGRAM BUDGET AND EXPENDITURE REPORT

Reporting Period: through

018	117	81X	015	217	81X
Month	Day	Year	Month	Day	Year

I. IDENTIFICATION

1. LEA Name: University Place Unified School District — Code

2. Completed by (Name): L. Thompson, LSH Supervisor — Code

KEY:
L-S – Language and speech program
H – Hearing program

II. STAFF COSTS

3. Staff Member	Salary						Equipment and Materials/Supplies					
	Budgeted			Expended			Budgeted			Expended		
	4. L-S	5. H	6. Subtotal	7. L-S	8. H	9. Subtotal	10. L-S	11. H	12. Subtotal	13. L-S	14. H	15. Subtotal
Anderson, P.	$19,756	–	$18,756	$16,432	–	$16,432	$400	–	$400	$365	–	$365
Betts, R.	19,310	–	19,310	18,890	–	18,890	400	–	400	401	–	401
Dorant, D.	16,012	–	16,012	15,853	–	15,853	400	–	400	312	–	312
Martinez, O.	21,531	–	21,531	21,531	–	21,531	400	–	400	394	–	394
Parkinson, T.	17,520	–	17,520	15,864	–	15,864	400	–	400	387	–	387
Rogers, E.	–	$17,942	17,942	–	$17,560	15,354	–	$400	400	–	$468	468
Stratton, M.	14,044	–	14,044	13,750	–	13,750	400	–	400	275	–	275
Young, B.	14,044	–	14,044	14,044	–	14,044	400	–	400	334	–	334
22. Total	$121,217	$17,942	$139,159	$117,344	$17,560	$134,924	$2,800	$400	$3,200	$2,468	$468	$2,936

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3. Staff Member	Travel					
	Budgeted			Expended		
	16. I-S	17. H	18. Subtotal	19. I-S	20. H	21. Subtotal
Anderson, P.	$360	–	$360	$301	–	$301
Betts, R.	360	–	360	323	–	323
Dorant, D.	360	–	360	344	–	344
Martinez, O.	360	–	360	360	–	360
Parkinson, T.	360	–	360	297	–	297
Rogers, E.	–	$270	270	–	$254	254
Statton, M.	360	–	360	340	–	340
Young, B.	360	–	360	349	–	349
22. Total	$2,520	$270	$2,790	$2,314	$254	$2,568

III. TOTAL PROGRAM COSTS

Cost Allocation		Budgeted			Expended		
		L-S	H	Total	L-S	H	Total
Direct Costs	23. Total Staff Costs (Salaries, Equipment and Materials/Supplies, and Travel)	$126,537	$ 18,612	$ 145,149	$ 122,146	$ 18,282	$ 140,428
Direct Costs	24. Student Transportation Costs						
Indirect Costs	25. Facility Costs						
Indirect Costs	26. Other Indirect Costs						
27. GRAND TOTAL		$ 126,537	$ 18,612	$ 145,149	$ 122,146	$ 18,282	$ 140,428

Copies to:
LSH Supervisor or Designee

Data flow to:
No data flow

INTRODUCTION TO MANAGEMENT SYSTEMS

INTRODUCTION TO MANAGEMENT SYSTEMS

In 1975, President Ford signaled the beginning of a new era in special education by signing into law the Education for All Handicapped Children Act of 1975 (Public Law 94-142). Section 601 (c) of PL 94-142 features the purpose of this landmark legislation:

> It is the purpose of this Act to assure that all handicapped children have available to them...a free appropriate public education...designed to meet their unique needs...and to assess and assure the effectiveness of efforts to educate handicapped children (Dublinske, 1981).

Implicit in this federal mandate is the need to improve the availability as well as the quality of services to handicapped children.

An important feature of PL 94-142 (provided in Section 300.701) calls for federal fiscal support to state and local special education programs based on the number or "count" of handicapped students receiving special education and related services. Data reported by Lingwall (1984) show that nearly one-third of all PL 94-142 funds are generated by communicatively handicapped children. In 1982, for example, of the 4,094,108 handicapped students shown as receivers of programs supported by PL 94-142, 1,114,689 were communicatively handicapped children. It is clear that services are available to large numbers of speech-language and hearing handicapped students.

Administrators at the local, state, and federal levels may react differently to these numbers. That is, a local administrator may view a high count of communicatively handicapped students favorably because the funds generated are supportive to the special education program as a whole. However, state and federal administrators may question consistently high enrollments. In fact, Lingwall (1984) cites "Questions Raised by [the] General Accounting Office (GAO) re: Speech Impaired (February 1981)." The GAO included the following in its report:

1. Speech-impaired children generate PL 94-142 funds in excess of the amount needed to provide services.

2. Most speech impairments do not adversely affect educational performance and states do not apply an "adverse effects test" as required by PL 94-142.

3. Children classified as speech impaired are typically under [the] age of 10 years, receive services in Grades 1-3, receive small amounts of service, and show little need for major modifications made in their regular education programs.

4. Most speech impairments are of "minor severity," do not adversely affect educational performance, and, therefore, are not important.

Concerns of this nature call for accountability data (i.e., information demonstrating that services to communicatively impaired students are responsive and appropriate).

In addition to availability and accountability of services, PL 94-142 focuses on the quality of services provided to handicapped children. Separate sections of the Act call for specific quality indicators:

1. a continuum of service delivery models (Section 300.551),

2. sufficient personnel to ensure an appropriate education (Section 300.126), and

3. multidisciplinary team involvement in assessment, placement, and development of Individualized Education Programs (IEPs) (Sections 300.532-533 and 300.344) (Dublinske, 1981).

The impact, then, of PL 94-142 on speech-language and hearing services has occurred in three areas: increased availability of services, increased concerns for accountability, and increased need for quality.

These impact areas influence the work of several professionals working in school settings: namely, speech-language pathologists and audiologists and their supervisors, special education teachers, related service providers, supervisors and program directors; as well as state and federal consultants and administrators. To respond effectively to the needs for service availability, accountability, and quality, these special educators must demonstrate evidence of the following program management skills:

1. ability to identify, serve, and evaluate the needs and progress of all handicapped children (availability);

2. ability to demonstrate efficient program management (accountability); and

3. ability to show evidence of effective service provision to Boards of Education, parents, state and federal agencies, and the public (quality).

The current focus on handicapped programming through PL 94-142 and the need for documentation of services suggest traditional special education curricula should be expanded to include information specific to appropriate management systems. The remainder of the discussion addresses four such systems.

Figure 1 lists the four management skill areas mentioned above, namely, data collection, program management, quality assurance, and caseload accountability and examples of programs developed by specially funded projects through the American Speech-Language Hearing Association. Each of the four programs is written to be used independently. However, all four programs are supportive and, indeed, complementary to one another. Complete the figure on page 19 by filling in the names of management programs as they are discussed in the following sections.

MANAGEMENT SKILL	MANAGEMENT PROGRAM
Data Collection	
Program Management	
Quality Assurance	
Caseload Accountability	

FIGURE 1

Primary management skills with examples of programs developed by the American Speech-Language-Hearing Association in each skill area

Data Collection

As indicated, professionals working with handicapped children face increasing demands for data from educational consumers, administrators, and agencies at the local, state, and national levels. For example, data must now be collected on larger numbers of students than was the case prior to PL 94-142 due to child-find and child-count requirements. Also, several factors have increased the complexity of data gathering (e.g., discrepancies between federal and state needs, team evaluations, departmental concern for accountability, and student placement decisions). In May 1980, ASHA conducted a PL 94-142 Impact Study that revealed that, due to these increased data collection requirements, direct service providers spent 9% less time dealing with students. In addition, supervisors spent 62% more time in collecting, analyzing, and reporting data.

CASE

To provide speech-language-hearing service providers with a system to deal with the record-keeping problems and increases in demand and complexity of descriptive data, the Comprehensive Assessment and Service Evaluation Information System (CASE) was developed. Its purpose is (through a series of processes and model forms) to collect, store, and allow for retrieval of information on students and programs. CASE provides materials and guidelines for retrieving and using data for:

- evaluating and planning programs,
- increasing program efficiency,
- documenting program and staff practices, and
- analyzing the appropriateness and effectiveness of services.

The CASE model was developed to help identify data needs, formalize data collection procedures, and help speech-language-hearing practitioners evaluate and upgrade existing systems.

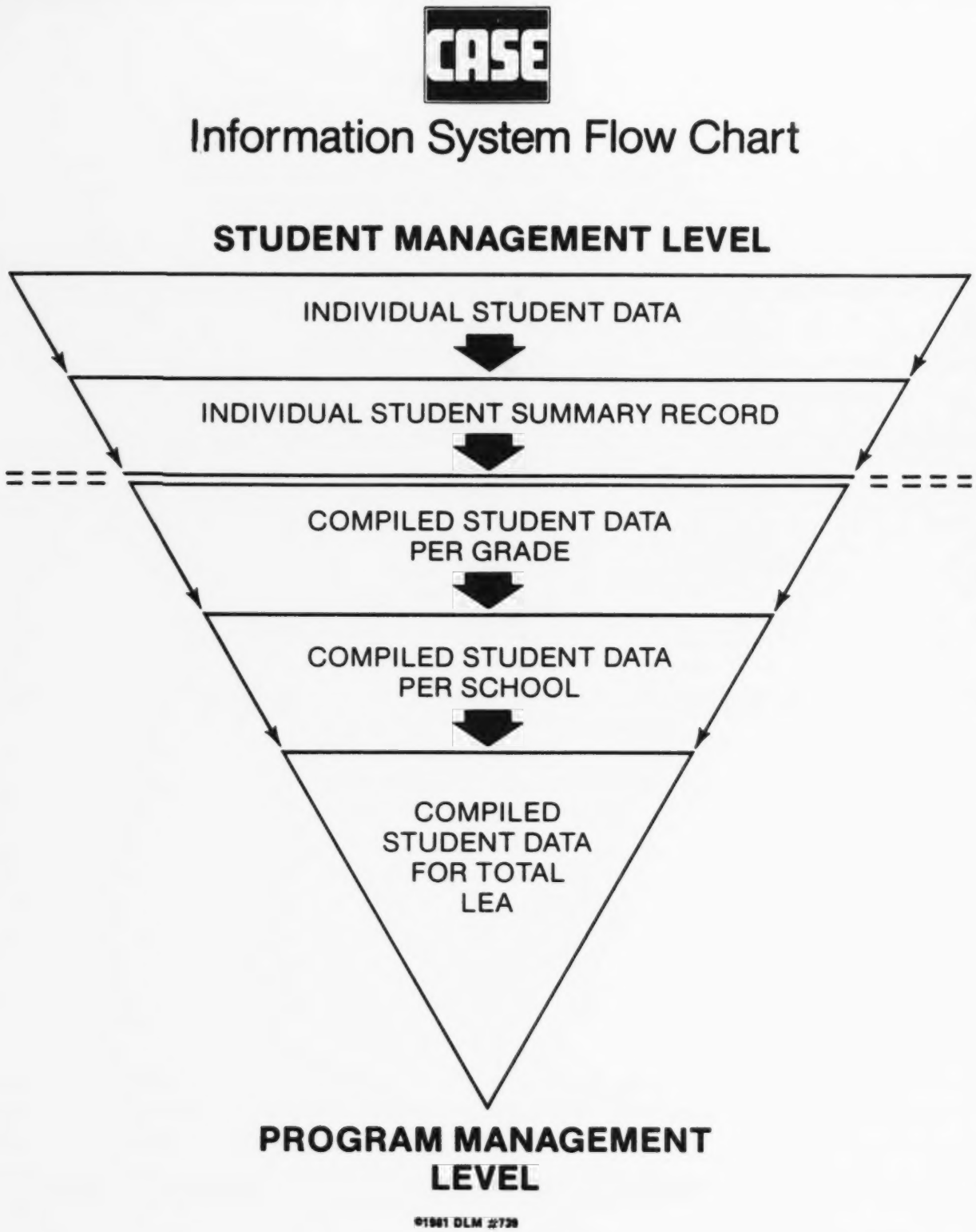

FIGURE 2

Flow chart that graphically illustrates the flow of information through the CASE Information System. Note. From CASE Implementation Guide, DLM, 1981 Allen, TX: DLM.

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For those service providers implementing computer programs, CASE includes a computerization component that allows the development of an automated information system. This section of the system is designed to guide program designers in:

- determining whether to use a manual or automated system,
- selecting an appropriate approach to computerization, and
- developing a computerized information system.

Figure 2 shows the flow of information provided by the CASE Information System. This data collection system consists of three program manuals that include systems specific to student management, program management, and system implementation.

1. Student Management

The processes for Student Management (see Figure 2) involve student identification, parent contact, referral, screening, assessment, placement, intervention, and case coordination. The activities are designed to collect, store, and retrieve information on the delivery of services to speech-language-hearing handicapped individuals. Materials are provided for referral, screening, assessment, placement, and intervention. In addition to individual student information, student summary records are provided to document comprehensive information specific to individuals receiving services.

2. Program Management

The processes at the Program Management level involve student information, cost analysis, and special reports. Like the CASE Student Management System, this system is designed to collect, store, and retrieve information. Its focus, however, is on the program level where the data can be used for planning, designing, implementing, managing, and analyzing program functions, services, and outcomes. The system allows for the compilation of information by grade, school, and school district (Local Education Agency, "LEA," on the flow chart, Figure 2). The system also allows for the compilation of information pertinent to program cost and time allocations for personnel.

3. Implementation Guide

The Implementation Guide delineates seven implementation steps for use of CASE in a school or school district setting. Included are materials to be used as transparencies or handouts for in-service training or data collection.

4. Forms

Data collection forms, available for each component, are flexible and additive in their application. More specifically, information components that might meet the individual needs of a program can be added without altering the applicability of the component or the system.

To maintain an awareness of and involvement in program operations, administrators often call upon staff members to supply descriptive data through a system similar to CASE. These data assist the administrator in making overall program management decisions. An additional support to the administrator is the implementation of a program management system, which acts as a guide in the overall design of a given department or program. The following discussion addresses one such system.

Program Management

Aware of movement toward a comprehensive plan for improved services for all handicapped children by the 1980s, various professional groups met in workshops during the 1970s to discuss the development of program accountability and the use of formal systems in the achievement and demonstration of such accountability. Sponsored by the American Speech-Language-Hearing Association's School Services Program, these workshops involved more than 3,000 school, university, and state Department of Education professionals. In the foreword to the program manual generated by the results of the workshops, William C. Healey (1973) describes the thrust of responses made by the workshop participants.

> The consensus among school personnel favoring the development of a management-by-objectives system for speech, hearing, and language programs and the momentum toward requiring a formal systems approach in educational programming suggested that a nationally developed manual for program planning, development, management, and evaluation utilizing the best components of existing systems could provide appropriate technical assistance to speech, hearing, and language specialists.

PDME

The PDME program was developed in response to the needs expressed by the group participants. The full name of the program describes its focus: Essentials of Program Planning, Development, Management, Evaluation: A Manual for School Speech, Hearing and Language Programs. Figure 3 shows the primary steps of the PDME program and the interrelationships of these steps, which are briefly described below. They begin with "Identifying Problems."

1. Identifying Problems

PDME procedures begin by analyzing the present status of services to handicapped children. Major problems are identified and verified by reviewing available information. The unmet needs of pupils, the problems and concerns of staff, the extent to which facilities meet program needs, the financial resources available, the effect of program policies, and the existing case management practices may be identified. Once the problems are listed, the beginning of a needs assessment occurs through the determination of the magnitude of the identified problem(s) by using the following techniques: completing questionnaires, recording, analyzing, and comparing data, and interviewing.

2. Identifying Needs

Once problems are identified and validated by determining their magnitude, the effects of those problems on program strengths and weaknesses are outlined. From this outline, program needs are determined and placed in an hierarchical arrangement. Next, the program's current status in the identified need area is analyzed. An example is offered to clarify the process.

PROGRAM PLANNING, DEVELOPMENT, MANAGEMENT AND EVALUATION MODEL

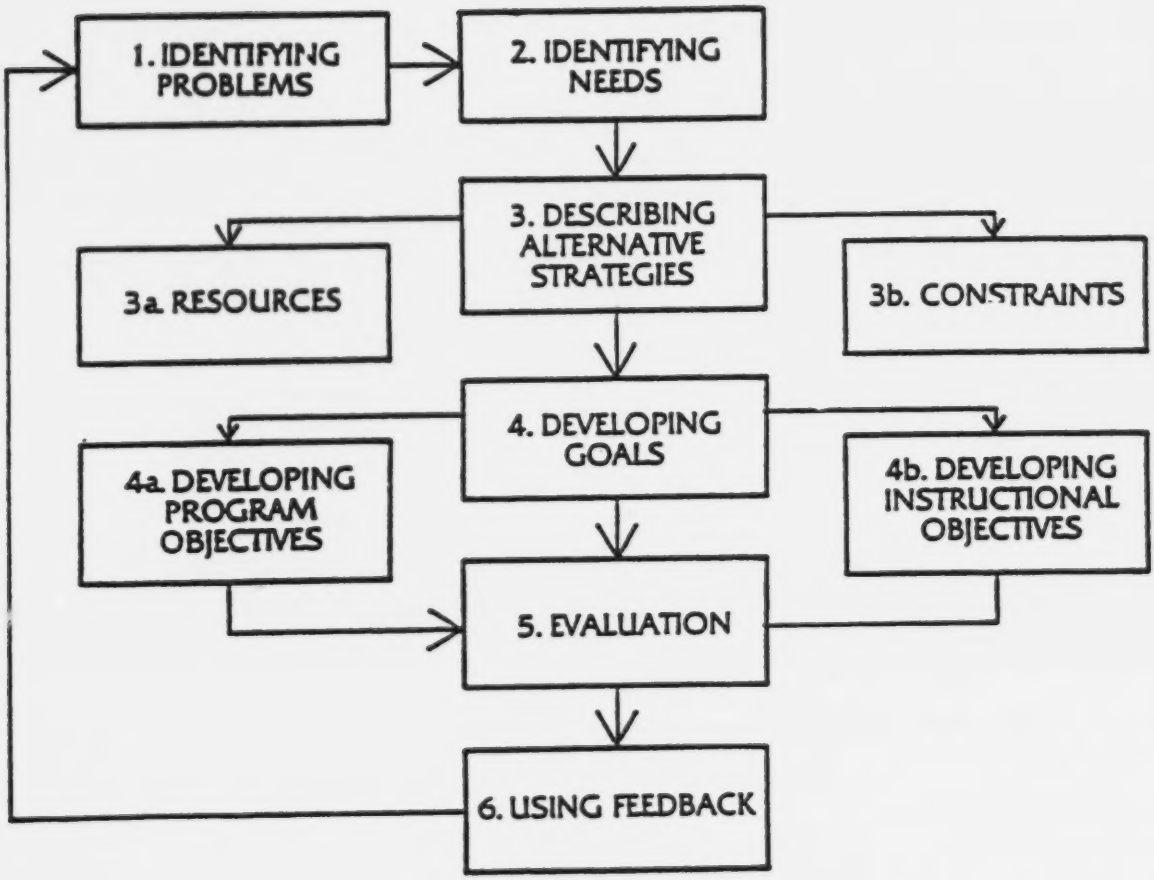

FIGURE 3

Schema for the PDME program. Note. From PDME Manual, ASHA, 1973, Rockville, MD: ASHA.
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Where we want to be:

> All speech-language pathologists and audiologists work together as a team with classroom teachers to assist the teachers in providing language stimulation activities on a regular basis in their classrooms.

Where we are now:

> Some speech-language pathologists and audiologists have independently worked with classroom teachers to develop limited language stimulation activities.

Need:

> Uniform language stimulation activities carried out in the classroom.

3. Describing Alternative Strategies

With program needs and status determined, the next step calls for outlining and analyzing several possible solutions. The feasibility of each possible solution is evaluated; that is, it is important to determine the resources and constraints that exist and affect the quality of the solution. (Do the constraints outweigh the resources?) After reviewing possible solutions, weighing the resources versus constraints, and considering the benefits to students, a strategy is selected that shows the highest potential for best outcome in the least amount of time, at the lowest cost.

4. Developing Goals

After choosing a solution to the problem, the next step is to decide on goals. By determining when, what, and the criterion, the goal becomes specific, measurable, and directive. For example,

> By March 15, 198_, all of the speech-language pathologists and audiologists on the special education program development team will have implemented the team-developed classroom language stimulation program.

4a. Developing Program Objectives. The development of program goals leads to the next step in the PDME process, development of program objectives. The objectives are the activities created to successfully achieve the previously stated goals. They are measurable components of the program, and they address: when the objective will be completed, who will complete the objective, what will be done, to whom it will be done, the criterion for success, and the method of evaluation to be used to determine if the objective is completed. To carry the example one step farther, the following shows one objective of several involved in the process of developing a language stimulation program.

> By October 1, 198_, each speech-language pathologist and audiologist will complete the Teacher Survey for all kindergarten teachers in schools he or she serves and submit the Teacher Survey to the supervisor.

4b. Developing Instructional Objectives. The same components used to develop program objectives can be used for instructional objectives.

However, instructional objectives are activities in which the student is engaged. These objectives may be developed for long-range, monthly, weekly, or daily use. An example of a long-range instructional objective follows:

> By December 1, Andrew will correctly say the names of 8 of 10 clothing items to the classroom teacher who will record the correctly identified items in Andrew's work folder.

Through the use of instructional objectives, the practitioner is able to collect information that may be used to evaluate program component effectiveness.

5. Evaluating Programs

The purpose of evaluation is to analyze and determine the effectiveness of the stated goals and objectives. The components of the objectives assist in the definition of the evaluation mode. The PDME program describes several levels of evaluation based on the stated objectives.

6. Using Feedback

After the evaluation of objectives specific to a given goal, the evaluator is able to make appropriate program decisions for the future. The feedback gained from the evaluation provides information that continues to strengthen the PDME function. The feedback returns the user to Step 1 to reinitiate the cycle.

Although the PDME process focuses on a general program management system, the following discussion describes a system that focuses on improvement strategies for a single unit within a system, that of quality assurance. To be more specific, once a system for general program management is in place, what system can be used to identify and seek solutions to problems related to quality?

Quality Assurance

In 1972, Congress enacted legislation for the Professional Standards Review Organization (PSRO). This action became necessary due to evidence of inconsistent evaluation of service delivery systems in health care facilities. Further analysis of existing review mechanisms showed that the appropriate use of those mechanisms was questionable. The object of the PSRO review process was to provide a uniform and effective method for assuring the most appropriate use of health care facilities.

In a similar manner, Congress passed PL 94-142 to assure the availability of a free and appropriate education to handicapped children. The law mandates the provision of appropriate individualized services, documentation of provided services, team management for handicapped pupils, and personnel development for service providers.

CSRS

We have seen that programs exist to assist with the documentation of services (CASE Information System) and with the availability of services through the use of organized planning, developing, managing, and evaluating (PDME). To further assure compliance with PL 94-142 mandates, some school districts rely on the Child Services Review System (CSRS). CSRS helps service providers meet the federal compliance requirements by focusing on the appropriateness of services and the use of team management in the delivery of service to handicapped children. This is done by:

- o developing criteria for identifying and evaluating appropriate and effective services in the local setting,
- o reviewing individual records or Individualized Education Programs (IEPs),
- o including all service providers in various elements of the process, and
- o involving providers in assessing and improving services.

CSRS is designed to demonstrate that services meet identified standards of quality and do improve the abilities of pupils who receive the services. The system is designed to move sequentially through a series of activities that:

- . identify an area for review,
- . establish desired standards within the chosen area,
- . audit selected records germane to the chosen area,
- . identify service delivery trends, and
- . improve the quality of services.

Services provided to a specific pupil by a specific educational specialist are not appropriate for CSRS review. Instead, CSRS focuses on outcomes of the intervention process and highlights those services that are effective and efficient as well as those that would benefit from modification.

FIGURE 4

CSRS Audit Cycle. Note. From CSRS Manual, ASHA, 1981, Rockville, MD: ASHA. Reprinted by permission.

Figure 4 illustrates the sequence of the nine steps involved in the CSRS process. The following discussion briefly describes the primary components of each step.

The CSRS process begins with selection of the Audit Committee (i.e., three to five direct service providers from the program staff who are trained in the CSRS system). Once the Committee is established, the process or cycle begins with the selection of an audit topic, as shown in Figure 4.

1. Select Topic

The Committee may select any topic specific to service delivery for review. Once the topic is identified, the focus or purpose of the audit must be defined as well as the population for whom records will be reviewed and the time period from which the records will be drawn.

2. Draft Criterion Statements

The Committee drafts several criterion statements that will serve as quality standards against which actual performance can be measured. Included in the statements are the expected levels of performance, which identify the specific components that outline the quality of the performance being reviewed. Each statement is given a threshold for action, which specifies the number of reviewed records that must meet the expected level of performance. Those reviewed records that fall below this threshold must receive action from the Committee to improve the performance.

3. Ratify Criterion Statements

This step involves ratification by the staff member(s) whose records will be reviewed. The staff member is to consider each criterion statement and threshold for action and is encouraged to propose changes to statements or thresholds that he or she finds unacceptable.

4. Review Records

From the population identified by the Audit Committee, the staff members review a sample of pupil records to determine if the conditions established in the ratified criterion statements have been met. All records that do not pass the specified screening criteria are referred to the Committee for further review. The Committee then determines an actual level of performance for each criterion statement.

5. Identify and Analyze Problems

At this level, the Audit Committee compares the actual level of performance to the threshold for action for each criterion statement. When the Committee verifies a performance deficiency by finding discrepancies between the threshold for action and actual level of performance, possible problems are identified. After ranking the identified problems, the Committee identifies the probable cause(s) of the problems.

6. Develop Solutions

Once probable causes are determined, the Committee develops a remedial action plan based on the causes. This plan defines the parameters for action, personnel, and time as well as the date for reaudit.

7. Ratify Solutions

At this level, staff members whose records were reviewed are asked to ratify the remedial action plan or propose changes in the plan.

8. Implement Solutions

This step involves the program staff in taking the action specified in the plan. In this process, they complete new records that are monitored by the Audit Committee.

9. Reaudit

The program staff reaudits at the time specified in the remedial action plan using the original criterion statements. The purpose of this step is to determine whether services to the specified population have improved.

This description of the CSRS procedure is decidedly simplistic; however, the systematic nature of assessing and delivering quality services by a team of professionals is illustrated in this step-by-step problem-solving approach. Full and appropriate use of the procedure is possible only after completion of the CSRS workshop, available through the American Speech-Language-Hearing Association.

A number of concerns about quality assurance relate to caseload considerations and, specifically, caseload accountability. The following section addresses this critical area.

Caseload Accountability

Caseload selection and size have been found to be of primary concern to specialists employed in school settings. In response, the ASHA Committee on Language, Speech and Hearing Services in Schools reviewed 1981 data available on caseload requirements mandated by state education agencies (SEAs). The Committee review revealed that only 30 states designated a maximum caseload size, and their sizes ranged from 20 to 110 students per practitioner; severity of the handicap was mentioned as a primary determiner of caseload size. However, it appeared that in most instances, maximum caseload limitations were developed with no demonstrated rationale; no attention to differences in disorder, type, or severity; and no attention to innovative service delivery models.

In a national caseload survey conducted by ASHA in 1981, 899 ASHA members reported the following:

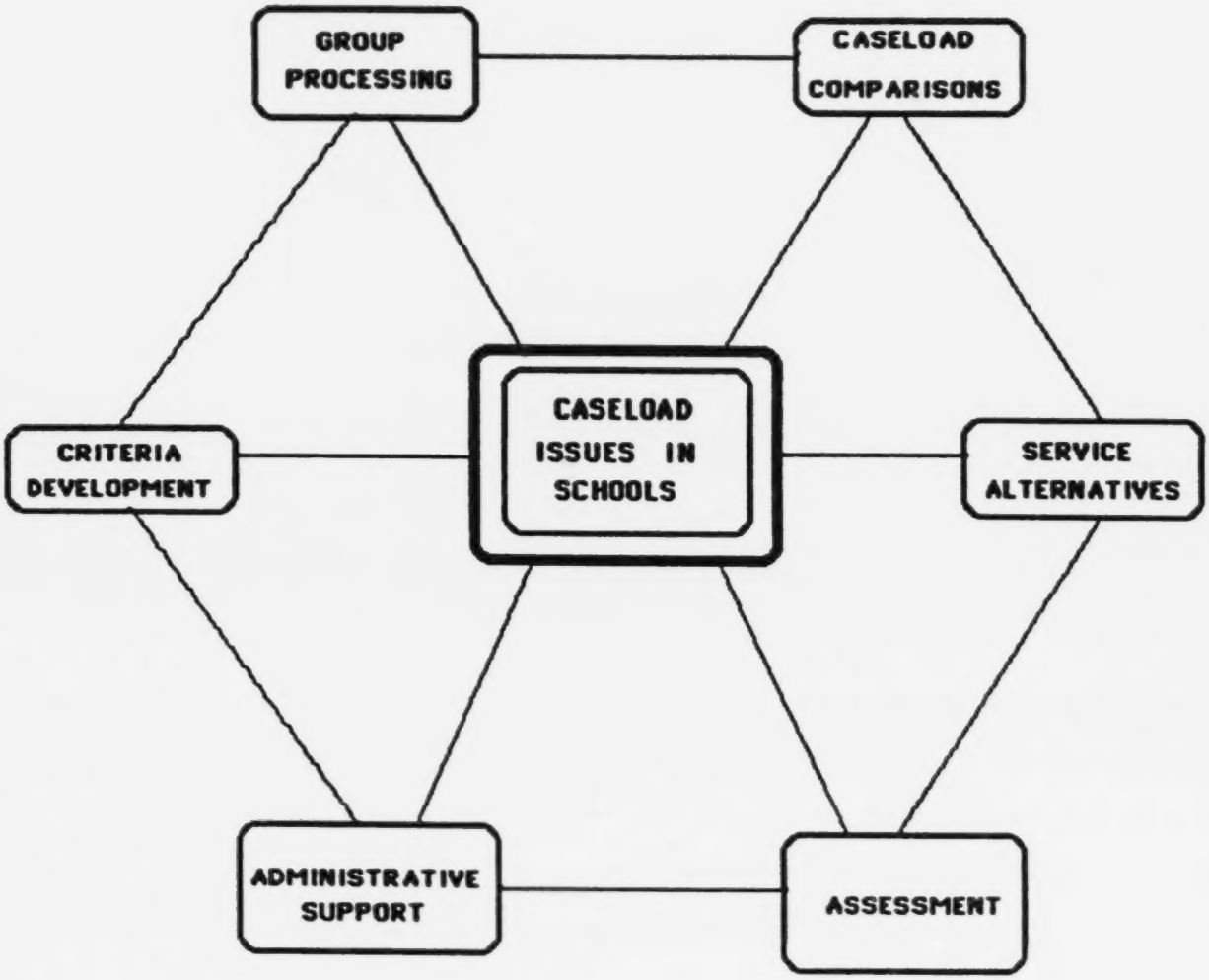
- The average weekly caseload size was 43, and the average yearly caseload size was 53 students.
- Most respondents (795) indicated a total of 4,986 communicatively impaired students who were identified but not served and 2,897 who had been referred but not evaluated.
- Some respondents (268) said they were not allowed to indicate in the Individualized Education Programs (IEPs) all the special education and related services needed by a child.
- Most respondents (856) indicated that 31% of the students served in their caseloads received less service than needed.

These data clearly show that guidelines do not exist for SLH practitioner-student ratios for the "related services" of PL 94-142. Such guidelines or regulations do exist, however, for class size and teacher-student ratios. A concern for quality of services must include criteria for determining appropriate caseload size and composition. Consistently large caseloads over a long period bring a risk of lowered quality of services as well as service provider burnout. The 1984 ASHA Omnibus Survey revealed that caseload size has changed since 1982. Numbers increased between 1982 and 1983, and differed slightly between 1983 and 1984. However, the overall effect was an increase in caseload size.

School Caseload Issues

In response to the needs of practitioners for training in caseload selection and dismissal, decision-making strategies were developed (ASHA, 1984) to identify current caseload issues and problems, provide sample problem-solving strategies to address the issues, and help practitioners identify methods to solve problems associated with case selection/dismissal and related areas. The program manual, complete with fact sheets, suggests techniques, sample severity rating scales, references, and methods to assist service providers who face critical caseload issues. The program addresses

- local, state, and national caseload facts;



CASELOAD ISSUES IN SCHOOLS

Figure 5 summarizes contents of Caseload issues in schools: How to make better decisions by American Speech-Language-Hearing Association, 1985, Rockville, MD: ASHA

- issues and problems surrounding case selection and dismissal; and
- expert solutions to caseload problems.

As shown in Figure 5, there are several issues that relate to school caseload issues. These issues focus on the need to improve caseload accountability; several decision-making strategies are presented to assist the service manager and provider.

The issues cover the full range of services provided to the communicatively handicapped. Included are presentations on screening and referrals, assessment instrument evaluation criteria, guidelines for developing criteria for entry, guidelines for service/delivery, how to control caseload size to maximize effectiveness, criteria for exiting from an intervention program, and guidelines for gaining administrative support for caseload decisions and plans.

Summary

The introduction to the PDQ program manual has highlighted four programs or systems designed to provide management support and guidelines for the development, implementation, and evaluation of services to handicapped children. The primary focus of the preceding discussions has been on how these four programs can assist in demonstrating (CASE) the presence of an organized program (PDME) and quality assurance system (CSRS) in areas of specific interest to speech-language-hearing practitioners in school settings (Caseload Accountability Issues).

To further acquaint service providers with these four systems, the following sections of this manual introduce a small part of each of the four programs by asking the user to solve a problem facing the University Place School District. The issues presented are ones common to SLH programs in many school districts. They are addressed in the case study that introduces this manual. It is therefore important to review the case study before proceeding to the next section of the PDQ manual. Each of the systems is available in a more detailed format elsewhere (see Bibliography).

C A S E

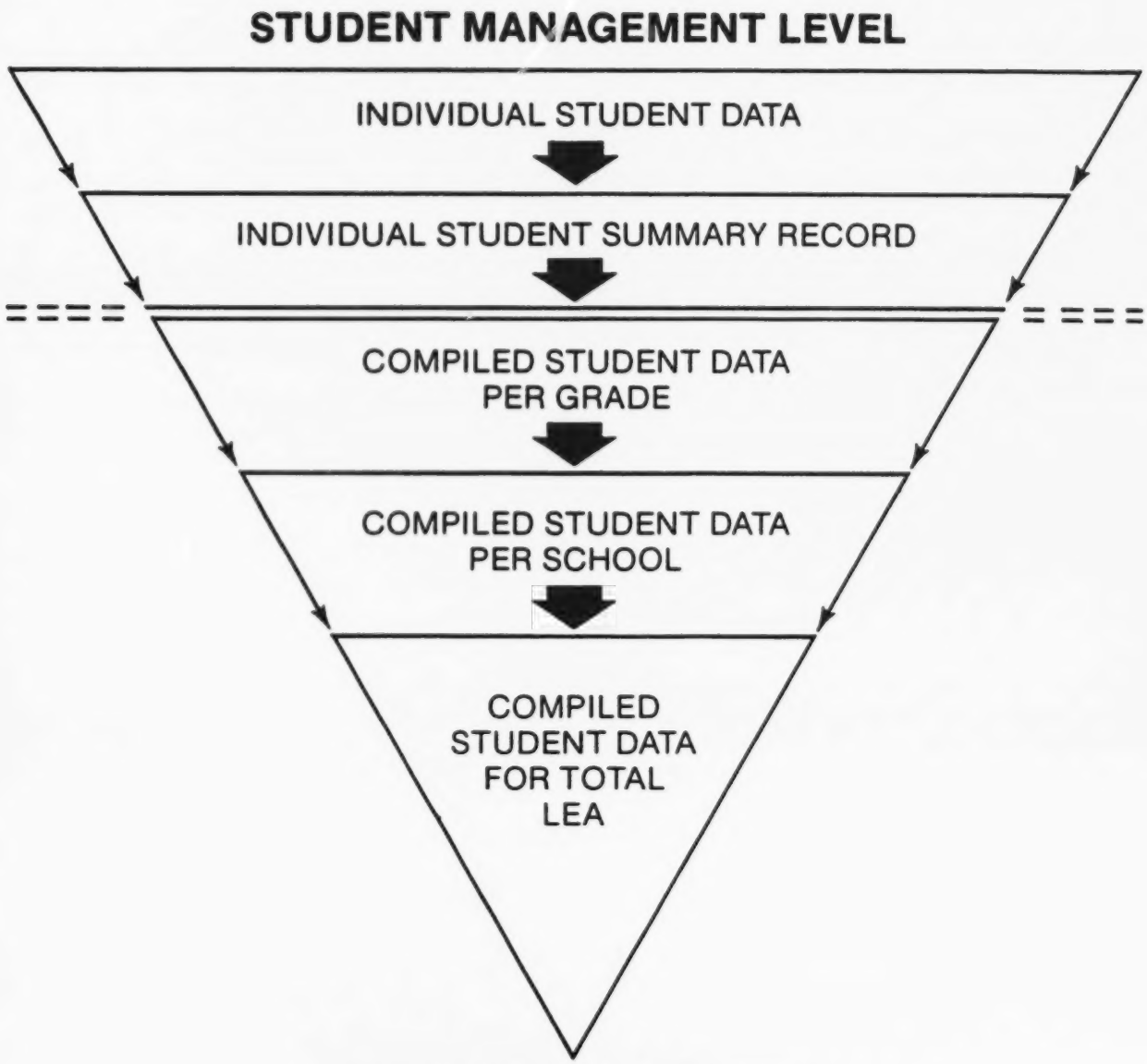
COMPREHENSIVE ASSESSMENT

AND

SERVICE EVALUATION

CASE

Information System Flow Chart


STUDENT MANAGEMENT LEVEL
INDIVIDUAL STUDENT DATA
INDIVIDUAL STUDENT SUMMARY RECORD
COMPILED STUDENT DATA PER GRADE
COMPILED STUDENT DATA PER SCHOOL
COMPILED STUDENT DATA FOR TOTAL LEA
PROGRAM MANAGEMENT LEVEL

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COMPREHENSIVE ASSESSMENT AND SERVICE EVALUATION (CASE) INFORMATION SYSTEM

The Comprehensive Assessment and Service Evaluation (CASE) Information System is designed to help identify data needs, formalize data collection procedures, and help speech-language pathologists and audiologists appraise and improve existing methods of data collection. The system, specifically designed for use in a school setting, contains two components:

1. Student Management: A system for collecting, storing, and retrieving information that relates to individual students. Information is available for the following student-related processes:

   - o referral,
   - o screening,
   - o placement,
   - o intervention,
   - o student identification,
   - o parent contact, and
   - o case coordination.

2. Program Management: A system for planning, designing, implementing, managing, and analyzing program functions, services, and outcomes. Information on program costs and personnel time allocations may be compiled.

As an introduction to CASE, we will look briefly at the Program Management section. It is important to note, however, that this component is and must be firmly linked to the Student Management component. Without data specific to the management of individual students, program management has neither cause nor effect. In fact, the foundation of the Program Management system is the Student Summary Record (Form 13, see Appendix B) of the Student Management system.

The Program Management component contains:

1. Student Information:
   Includes screening, assessment, placement, program status, and services summary information; six forms serve as organizing vehicles.

2. Cost Analysis:
   Includes cost data specific to funding, budget and expenditure reporting, time use, and expenditure summary; six forms provide organizational/reporting structure.

3. Special Reports:
   Includes cost information for equipment, material, and facilities; three forms assist in collecting, storing, and retrieving data specific to these areas.

It is helpful to be familiar with the wide range of information-gathering instruments available through the CASE Program Management component. Because there are 15 forms in the component, the following section briefly describes the forms in each of the three Program Management processes: Student Information, Cost Analysis, and Special Reports. Only Forms F, G, and H will actually be used for the purposes of this exercise.

Student Information

The data generated in this section assist the LSH program by including information from several sources. Data summarizing student involvement are presented by the following forms:

FORM A: Grade List for Reporting Screening Results

Total enrollment by school and total number of students with communication disorders and differences.
(NOTE: Communication differences are those maturational or cultural/ethnic linguistic variations that are not considered communication disorders.)

FORM B: Screening Results

Total count of students screened by grade and school and screening results by communication disorders and differences.

FORM C: Assessment Results

Count by grade and school of students assessed and assessment results by communication disorder and difference.

FORM D: Placement Report

Count by grade and school of students needing placement versus those placed in the LSH program by disorder or difference.

FORM E: End of Period Service Status Report

Progress information by disorder/difference.

FORM F: Summary of Language, Speech, and Hearing Services

Summarizes LSH program student information and develops counts of students served in various service facilities.

Cost Analysis

Six forms cover the Cost Analysis process in the CASE program. The forms, their titles, and descriptions are as follows:

FORM G: Program Funding Service

Provides a breakdown of funding sources and amount of funding for the LSH program.

FORM H: Program Budget and Expenditure Report

Provides a breakdown of budgeted and expended costs for the LSH program by salary, equipment, and materials/supplies, as well as travel.

FORM I: Monthly Staff Time Distribution Report

Provides a distribution of LSH activities by hours that each staff member worked.

FORM J: Staff Information Analyses and Time Distribution Report

Provides a breakdown of costs of LSH service activities per staff member.

FORM K: Cost Allocation of Aggregate Staff Hours

Provides a breakdown of individual and aggregate (total) staff costs for direct and indirect service activities.

FORM L: Expenditure Allocation Summary Report

Provides a breakdown of type of LSH program and direct/indirect service activity costs.

Special Reports

Three forms provide the core data for this section. The form, title, and purpose are listed below.

FORM M: Equipment and Materials/Supplies Requisition

Describes, justifies, and maintains records of requisitions for equipment and materials/supplies for the LSH program. It also provides a mechanism for distributing costs and planning budgets for equipment and materials/supplies for the LSH program(s).

FORM N: Cost Summary of Equipment and Materials/Supplies Requisition

Provides a breakdown of requested funds and actual expenditures for equipment and materials/supplies by LSH program area and service activity.

FORM O: Facilities Information Survey Form

Provides information about the adequacy of the physical facilities used for the LSH program(s).

Case Study Exercise

Information is needed to complete the worksheet on the following page. All the needed data are provided on the following CASE forms:

FORM F: Summary of Language, Speech, and Hearing Services
FORM G: Program Funding Sources
FORM H: Progam Budget and Expenditure Report

It is not necessary to draw conclusions or to solve L. Thompson's problem(s). However, look for general trends in the data that may or may not support the possible solution(s) that you have in mind. These data, although specific to the case study, represent the kinds of information that help a professional develop an improved management process for his or her caseload, speech-language-hearing program, or department.

CASE WORKSHEET

Refer to the Case Study and CASE Forms F, G, and H on pages 11-15 for answers

I. Student Data (CASE Form F)

A. Services Performed

1. Total number of students screened: _____
2. Total number of students assessed: _____
3. Total number of students placed: _____
4. Total number of students dismissed: _____
5. Total number of students continued: _____

B. Caseload Information

1. 573 Total Students Placed / _____ Students in Sch. Dist. = 8.38% _____

2. _____ # CDf Further Service / _____ # CDf Placed = 80.67% _____

3. Dismissal Rate: 100% - _____ = _____ %

II. Program Funding (CASE Form G)

A. Funding Sources

_____ _____

_____ _____

_____

B. Total Funds for Language and Speech: _____

Total Funds for Hearing: _____

Total Program Funding Sources: _____

III. Budget and Expenditures (CASE Form H)

A. Budget Categories: _____

_____

_____

B. Expenditure Status: Indicate if budget is over expended (program spent MORE than was budgeted) or under expended (program spent LESS than was budgeted) for each of the categories.

Categories	Over	Under
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Expenditure	_____	_____

IV. Conclusions

A. Student Data and Caseload (CASE Form F): _____

_____

B. Funding Sources (CASE Form G): _____

_____

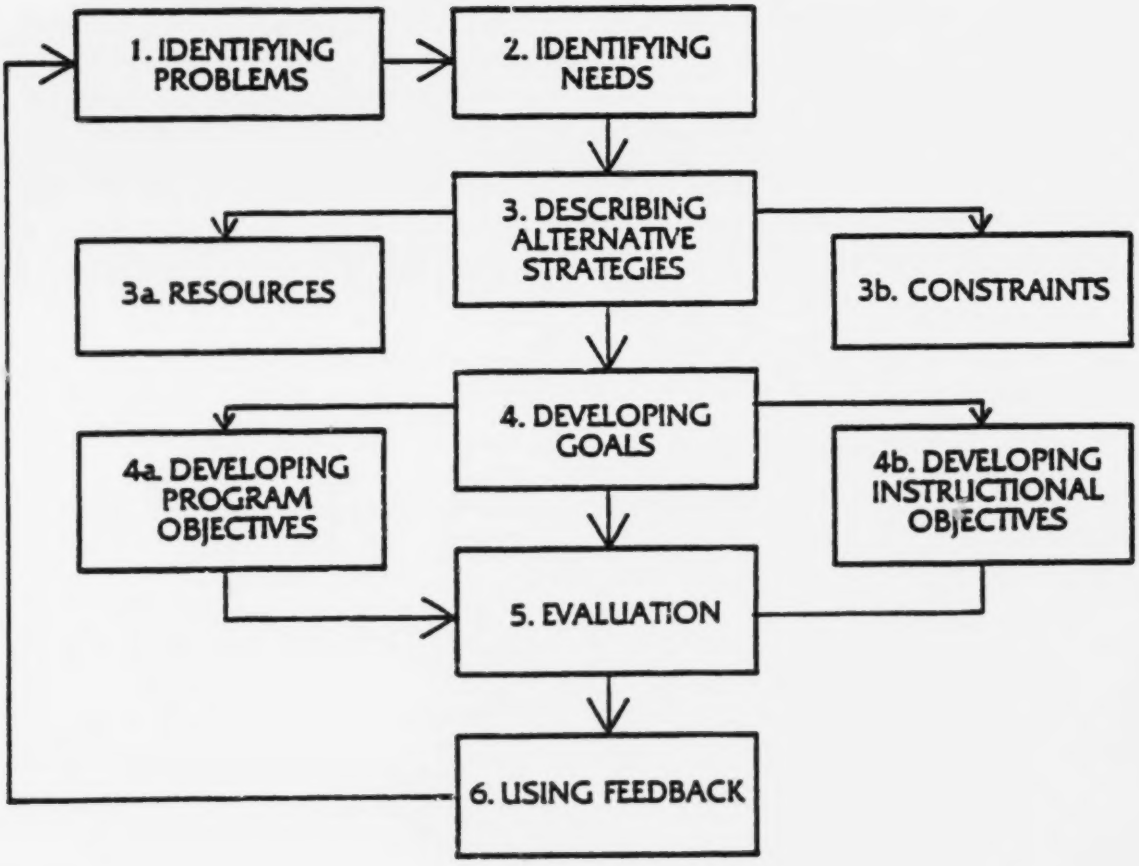
C. Budget Expenditures (CASE Form H): _____

_____

P D M E

PLANNING DEVELOPMENT MANAGEMENT EVALUATION

PROGRAM PLANNING, DEVELOPMENT, MANAGEMENT AND EVALUATION MODEL



Essentials of Program Planning, Development, Management and Evaluation (PDME):

A Manual for School Speech, Hearing, and Language Programs

There are six main components to the PDME program. They are:

1. problem identification,
2. need identification,
3. strategy development,
    a. resource review,
    b. constraint review,
4. goal development,
    a. program objective development,
    b. instructional objective development,
5. evaluation plan, and
6. feedback plan

A description of the full PDME program can be found in the introduction. The focus of this section is on the Problem Identification and Need Identification stages. Read through the section, noting the data as they apply to the Case Study. Fill in the missing information from the available sources.

Analyzing Program Data

THE FIRST STEP in program planning is to analyze the present status of speech, hearing and language services in the school district in order to identify problems.

The first question to ask is, "WHERE ARE WE?"
- in relation to the total speech, hearing and language program
- in one or more program aspects which are of concern to you
- in meeting a specific program requirement that appears deficient

MAJOR PROBLEMS... may be identified, as well as verified, by reviewing the information that should be available to you about...

- **pupils**
- **staff**
- **facilities**
- **financial resources**
- **program policies**
- **case management**

DO YOU KNOW ...

- THE UNMET NEEDS OF PUPILS IN YOUR DISTRICT?
- THE PROBLEMS AND CONCERNS OF STAFF?
- THE EXTENT TO WHICH FACILITIES USED MEET PROGRAM NEEDS?
- THE FINANCIAL RESOURCES AVAILABLE?
- THE EFFECTS OF PROGRAM POLICIES?
- THE EXISTING CASE MANAGEMENT PRACTICES?

Worksheet #1—"Where Are We?"

Directions:
Review the following sample questions to help determine the current status of your program. (See *APPENDIX D* for more extensive listings of program data to be maintained and renewed on an ongoing basis.)

I. Pupils

What number and/or percentage of pupils have been identified as having speech, hearing, and language (S-H-L) disorders?

573

What prevalence rate of disorders has been established?

A=12.2%; L=21.3%; V=4.5%; F=4.7%; H=9.8%; M=26.7%; CDf=20.8%

What number and/or percentage of pupils are receiving regularly-scheduled S-H-L services supplemental to regular or special class placement?

573.

What is the current dismissal rate for pupils enrolled in S-H-L services?

25.7% (National Average is approximately 30%)

II. Staff

What is the range of staff caseloads: lowest to highest?

49-74

What is the average caseload per staff member?

64 (National Average is 43)

The average number of pupils served per staff member per year?

72 (National Average is 53)

The average number of dismissals per staff member?

18

What percentage of the staff hold each type of state certification for their present position?

100%

What percentage of the staff hold the ASHA Certificate of Clinical Competence (CCC)?

62.5%

The Master's degree? 100%

Have applied for the CCC? 37.5%

What percentage of the staff are presently pursuing advanced degree programs?

None

Which staff members have special areas of expertise?

Betts- Augmentative Communication
Martinez- Early Childhood
Rogers- Hearing Impaired

What are the individual needs of each staff member for inservice and continuing education? Group needs?

Individual						Group
Anderson	1	2		4	5	1. Assessment
Betts	1	2		4		2. Entry/Exit Criteria
Dorant	1	2	3	4	5	3. Inservice planning
Martinez	1	2		4		4. Characteristics of Morkovian Speech/Language
Parkinson	1	2		4	5	5. Procedures for working with Morkovian students
Rogers	1	2		4		
Stalton	1	2		4		
Young	1	2	3	4	5	

III. Facilities

Which schools lack adequate facilities for S-H-L services? Furnishings? Equipment?

Preschools - ok

Elementary- Bay Payne Elementary: Needs improved facilities and furniture
- Mary Davidson Elementary: Needs improved equipment for hearing impaired student

Junior High- Eisenhower J.H.S.: Needs therapy table and 4 chairs plus file cabinet (with lock)

Secondary- University Place H.S.: Needs improved facilities (stage is used too often)

Which schools have unused space that might be used or renovated for clinical services? Office space? Program innovations?

Ray Payne Elementary - small room off stage or bookroom on second floor
University Place H.S. - only the Nurse's Office is available - must work around her schedule

IV. Financial Resources

What amount of financial support can be expected from local, state and federal sources?

Private foundations?

What procedure is used to prepare total budget requests?

Special Education Director prepares budget based on prior enrollment and funding.

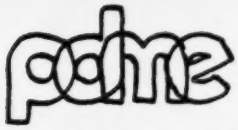
Is there community or staff involvement in budget preparation?

No

V. Program Policies

What policies have been established for staff employment, assignment, supervision, and evaluation?

Staff Employment: Thompson interviews and selects; Sp. Ed. Director approves/disapproves
Assignment: Made by Thompson based on staff expertise, home location, and choice
Supervision: Done by Thompson - at least one formal visit per 90 days using Clinical Supervision Model
Evaluation: Done by building principal with support of program supervisor



WHERE ARE WE?

Is school time available for staff research projects? No

Continuing education activities? No

Curriculum development? No

Record-keeping and report writing? Yes (Friday afternoon 1:00-3:45)

What are the requirements for caseload, reporting, and record-keeping?

None

Is there a standard system?

No

Is there provision for review of individual staff member's caseloads and records?

No

What criteria have been established for determining pupil eligibility for services? For termination of services? For program evaluation?

No uniform criteria for determining pupil eligibility for or termination of services

Program evaluation is done on an "as needed" basis.

Does the program provide materials, supplies, and equipment for the staff?

Yes

How is purchasing, cataloging, and distribution handled?

Purchase: Staff select on the basis of need
Catalog: Completed by Resource Center
Distribution: By request

Does the staff participate in the selection of instructional materials?

Yes

VI. Case Management Practices

Does the staff provide comprehensive diagnostic assessments for children identified through screening programs?

Yes

Is there evidence that pupils with severe disabilities are receiving quality services?

No

To what degree do parents and classroom teachers participate in the management process?

Parents and teachers participate in the development of the IEP and signify their approval/disapproval with their signatures

What are the principal intervention methods being used?

Direct services, 2 - ½ hour sessions per week
Very little consultative or classroom support provided.

The principal instructional materials?

Peabody Kits : Level P and 1
Monterey Language Program
Language Making Kits
Fokes Sentence Builder
Monterey Articulation Program
Word Making Cards
Syntax Teaching Program
Shames Program for Stutterers
Boone Voice Program
"Shop Talk" Lang. Prog. for Adolescents

Are both screening and diagnostic procedures standardized for use by all staff?

No

How is pupil progress determined?

Staff member judgement; however, staff member is required to review IEP objectives every 90 days. Supervisor Thompson reviews IEPs during formal visits.

Identifying Problems

The second question to ask is, "WHAT ARE THE PROBLEMS?" In looking at the facts about pupils, staff, policies, etc., some concerns or problems may be readily evident. You might find:

examples

We have identified a number of pupils who have communicative disorders but are not receiving special services.

or

Some staff members do not feel competent to treat pupils with fluency disorders.

or

Some speech-language pathologists on our staff do not have adequate work facilities in the schools.

This is the beginning of a NEEDS ASSESSMENT. Too often, we tend to start at the solution level...

"We need another speech-language pathologist"...without clearly determining whether the presumed remedy

will actually solve existing problems

or

is the only approach possible.

WORKSHEET #2—"What Are the Problems?"

Directions:

*List your problems or concerns in each of the following areas:

Caseload

_____

_____

_____

_____

_____

_____

_____

Funding (Are funds available to spend if your solution involves additional funding?)

_____

_____

_____

_____

Program Policies (Assessment, reporting, therapy, record keeping, caseload review, etc.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

*NOTE: These are only a few of the program areas you will want to analyze for a broad overview of your total program.

Determining the Magnitude of Problems

Although you have already analyzed factual information at hand to determine existing problems, you must now begin to ascertain...

- if the problems you perceive represent major concerns to staff, school personnel, parents, or community groups that are interested or involved in the speech, hearing, and language program; and
- the magnitude or scope of the problems identified.

According to Dublinske and Grimes,[3] several methods may be used to **VERIFY IDENTIFIED PROBLEMS**, including...

- QUESTIONNAIRE
- RECORDING
- COMPARISON
- INTERVIEW
- DATA ANALYSIS

Examples of each procedure follow.

[3] Dublinske, Stan and Grimes, Jeff, *PPE: Program Planning and Evaluation*, Des Moines, Iowa: Iowa State Department of Public Instruction, 1970, p. 25.

QUESTIONNAIRE

A questionnaire allows contact with populations too large for direct interviews. It is not always necessary to question an entire population (e.g., all parents in a school district). A limited random sample is adequate. To be effective, however, questions must be specific and not ambiguous, and the respondent must know what yes and no answers or rating scales actually mean. Otherwise, those responding will not necessarily share the same reference point. A limitation of questionnaires is that respondents may be a select group--those with strong biases. Less concerned persons may not respond, thus distorting the broad view of the problem.

example

Speech-language pathologists please rate:

District #3 - Possible Goals of S-L-H Program*	3	2	1
1. Provide expanded services so that the waiting list of 140 pupils with language disorders will be decreased.			
2. Increase the frequency of direct contact for language-impaired pupils now seen twice weekly.			
3. Design criteria for identifying four-year-old children with language problems.			
4. Provide service to 80 language-impaired trainable retarded pupils.			

Scale:		
3-Very important, start immediately.	2-Fairly important, of concern for next year or after 3s are solved.	1-Unimportant, of lowest priority, or can be ignored.

*As a rule, opinion surveys should be designed around potential program goals, objectives, or outcomes. The person being surveyed indicates his or her opinion about the extent to which a goal, objective, or outcome is currently being achieved, and the extent to which it should be achieved.

RECORDING

All requests for service that go unfilled, all instances of having problems brought to your attention, and requests for consultations should be recorded. Collectively, they may underscore areas of need or indicate unrecognized needs.

example

Pupils Referred By West Hospital Speech and Audiology Center

Name	Address	Age	School	Reason for Referral
Jane Smith	10 East Avenue	4	to enter Gay Elem.	Language Disability
Gregg Barr	100 Scott Lane	5½	Stokes Elementary	Articulation Disorder

and

1973 Waiting List—Stokes Elementary School

Name	Grade	Problem	Severity	Date Assessed
Barr, G.	1	Articulation	Moderate	9/73
Brown, R.	3	Dysfluency	Moderate	11/72
Gold, S.	2	Language	Mild	10/72
Harris, M.	K	Language	Moderate	9/73
James, P.	2	Articulation	Mild	5/73
Klaus, H.	4	Voice	Mild-Moderate	3/73
Perry, L.	3	Articulation	Mild	9/72
Ralston, P.	K	Language	Mild-Moderate	9/73

COMPARISON

With this process you compare the services you offer to those provided by a comparable district or service center; or you compare your service population with an appropriate research population. Large differences in either set of comparisons may indicate service needs.

example

	District Enrollment	Number of Speech-Language Pathologists	Pupils Served in SLH Program
District #1	30,000	20	1,000
District #46	20,000	16	800
District #3	45,000	20	1,240

INTERVIEW

This process allows direct contact with others affected by or interested in the problem. This method of contact assures getting responses and minimizes ambiguities of both questions and responses. A standard set of questions should be used to allow the results to be pooled as group information. Interview a number of persons in the same environment (e.g., the principal and several teachers in a selected school) in order to obtain a complete representation of the data.

example

Supervisor: "Mrs. Harper (principal), the speech-language pathologist in this school has received ten referrals from kindergarten classroom teachers. Eight of the children who have been referred and tested have serious problems in either comprehending or using language. Do you think it is important for us to develop a special program for this group of preschool pupils?"

DATA ANALYSIS

You can also verify the magnitude or scope of problems by further analysis of program and case level information, such as numbers of pupils served; waiting lists; and/or test results.

example

> We have identified 75 pupils in 40 kindergarten classes who have mild to moderate language disorders.

Worksheet #3—Verification of Problems

List the identified problems and the method of verification for each problem in the space below.

Methods of verification include: questionnaire, recording, comparison, interview, and data analysis.

IDENTIFIED PROBLEM	METHOD OF VERIFICATION

The Nominal Group Process may be used to select the problem to be addressed by the group. The following outline defines the necessary steps:

Nominal Group Process: Problem Selection

RULES:

1. Group leader is selected.

2. Group leader leads the group in a discussion of the possible problems that have been included on the list. The discussion should

   - o clarify,
   - o elaborate,
   - o defend,
   - o dispute, and
   - o add new items.

   The group may suggest categories for the items or group some similar items.

3. Group leader indicates to the group that it is important to narrow the list of problems to those that

   - o relate to the issues addressed by the Special Education Director to Thompson and
   - o relate to caseload issues

4. Ranking possible problems:

   - o Group leader asks each member of the group to choose silently the two problems from the list that he or she feels are the most critical problems related to the caseload issues facing Thompson.
   - o Group leader then, in round-robin fashion, marks the choices on a main list with two columns: "First Choice" and "Second Choice."

5. Identifying the selected problem:

   - o The group agrees that the problem to be pursued is the item showing most frequently in the "First Choice" list.
   - o If the group cannot agree on the problem, the leader returns the discussion to Step 3 with group agreement that a final decision will be reached at the end of the next round.

Need Worksheet

OBSERVATION: Indicate the group's perception of the "problem." For example: There are many students who do not receive speech-language-hearing services.

PROBLEM STATEMENT: Indicate data and other specific information that relate to the observation. Show the magnitude of the problem. The problem statement must be data based; for example, 30% of the students with diagnosed communicative handicaps do not receive services.

NEED STATEMENT: Indicate the "direction of change" needed. The direction may be stated as an increase, decrease, or maintenance (e.g., "Decrease the number of students who do not receive services."). The need statement does not include the solution; for example, "Hire another speech-language pathologist" is a possible solution to the need statement.

Idea adapted from Program Planning Evaluation by S. Dublinske and J. Grimes, 1970, Des Moines, IA: Iowa State Department of Public Instruction.

C S R S

CHILD SERVICES REVIEW SYSTEM

1
SELECT AUDIT TOPIC
2
DRAFT CRITERION STATEMENTS
3
RATIFY CRITERION STATEMENTS
4
REVIEW RECORDS
5
IDENTIFY AND ANALYZE PROBLEMS
6
DEVELOP SOLUTIONS
7
RATIFY SOLUTIONS
8
IMPLEMENT SOLUTIONS
9
REAUDIT
CSRS AUDIT CYCLE

CHILD SERVICES REVIEW SYSTEM

The Child Services Review System (CSRS) is a quality assurance mechanism developed by the American Speech-Language-Hearing Association for speech-language pathologists, audiologists, and special educators working with handicapped pupils in educational settings. It is

> easily adapted to any type of population and to any educational program. CSRS can be used effectively by multidisciplinary diagnostic and remedial teams or by any interdisciplinary group to upgrade the quality of services provided to pupils. (CSRS Manual, p. 9)

As described earlier, there are several components to the CSRS audit cycle. The schema on page 61 shows the nine steps in the procedure. After selection of the Audit Committee, the CSRS cycle follows these steps:

1. Select an audit topic.
2. Draft criterion statements.
3. Ratify criterion statements.
4. Review records.
5. Identify and analyze problems.
6. Develop solutions.
7. Ratify solutions.
8. Implement solutions.
9. Reaudit.

Only one of the nine will be highlighted here: Step 6, "Develop Solutions." In this exercise, the Audit Committee has already completed Steps 1 through 5. After selecting an Audit Topic, the Committee drafts and ratifies (approves) Criterion Statements on the basis of the professional expertise of the Committee's members as well as a review of the literature related to the Audit Topic. The Criterion Statements identify procedures that

> should be used by the staff or behaviors that should be exhibited by pupils following intervention, and include a 100% Expected Level of Performance because they identify key elements that define the quality of the diagnosis or remediation. (CSRS Manual, p. 12)

A Threshold for Action is developed by the Committee for each Criterion Statement. The Threshold for Action identifies the percentage of records that must show an acceptable performance level.

Step 4, "Review of Records," is completed by staff members; it is their responsibility to review student records from the target population. Their task is to "determine whether or not the ratified Criterion Statements have been met" (CSRS Manual, p. 13). The staff refers all records that do not meet the Criterion Statement requirements to the Audit Committee. The Committee determines the Actual Level of Performance on the basis of the reviewed records.

Step 5, "Identify and Analyze Problems," calls for the Committee to determine if problems are identifiable for any of the Criterion Statements. This is done by comparing the Actual Level of Performance with the Threshold for Action. In all cases where the Actual Level of Performance is below the

Threshold for Action, a Performance Deficiency (or problem) is indicated. The Committee then rank orders the identified problems and prepares a refined list of one to three causes for each problem.

The Committee is then ready to move to Step 6, "Develop Solutions." The CSRS procedure calls for the Audit Committee to develop a Remedial Action Plan on the basis of the likely causes of the identified problems. The Remedial Action Plan developed by the Committee specifies:

- o the action needed to correct the problem,
- o the individual(s) responsible for the action,
- o the time when the action will be completed, and
- o the date for reaudit of the problem.

A sample Remedial Action Plan is included below.

Example

REMEDIAL ACTION PLAN

What	Who	When
1. Staff Development Committee will present in-service training about development and assessment of morphological skills.	Staff Development Chairperson	Fall staff meeting
2. Staff will review currently available tests of morphology and order new tests, on approval.	Materials Chairperson	By October meeting
3. Staff will conduct an audit to improve total diagnostic evaluation of pupils with language impairment.	Audit Chairperson	By November 1
4. Staff will reaudit the same problem.	Audit Chairperson	June 1

During the process of developing the Remedial Action Plan, it is important that the Audit Committee be aware of the following:

1. The audit is a group process that requires full participation by all.

2. No "wrong" statements are made; all input is acceptable and valuable.

3. The audit is a learning experience for everyone.

In considering possible solutions, Audit Committee members will find it helpful to generate solutions by keeping various components of solutions in mind.

1. What are the <u>management</u> factors (e.g., policies and procedures)?

2. What are the <u>personnel</u> factors (e.g., staff development, in-service training)?

3. What are the <u>resources</u> (e.g., space, supplies, equipment)?

As a guide for the Audit Committee in its listing of possible solutions, the "Nominal Group Process" technique is included here.

Procedures and Rules for Using the Nominal Group Process (NGP)

Procedure

1. Silent, individual generation of ideas in writing:

   - Each member of the group silently writes for 5 minutes all possible solutions to the problem that has been identified.

2. Round-robin listing of possible criteria on a group list:

   - Each group member shares one of the possible solutions with the whole group, one at a time, until all the individual lists are exhausted.

   Rules

   - No discussion or evaluation of possible solutions should be allowed during the round-robin listing on the group list.
   - No debate about the equivalency of possible solutions should be allowed. All items suggested should be written on the list without comment, even if one appears to be the same or closely related to another.
   - No rewording of a possible solution should be allowed while it is being included on the list.
   - No talking out of turn should be allowed during this listing procedure. If the listing suggests a new idea to an individual, he or she can add it to the bottom of the list and give it when his or her turn comes again.

3. Serial discussion of possible solutions on group list:

   - The group leader leads a group discussion of the possible solutions that have been included on the list. The discussion should clarify, elaborate, defend, dispute, or add to the items on the list; the group may also suggest categories for the items or synthesize similar items into fewer items.
   - The group leader indicates to the group that in identifying possible solutions, it is important to narrow the list of solutions to those that
     - relate specifically to the probable causes;
     - require a minimum amount of staff time, effort, and money to achieve the desired result; and
     - appear to be the most effective for achieving long-term improvements.

- Additional factors include:
  - simplicity,
  - cost (equipment, personnel, time),
  - measurable effectiveness, and
  - ease of implementation.

4. Ranking possible solutions:
   - The group leader asks each member of the group to choose silently two items (first and second choice) from the possible solution list he or she feels are the most appropriate solutions to the problem the group is considering.
   - The group leader then, in round-robin fashion, marks these choices on the list. He or she marks each member's first choice by putting a slash mark by the appropriate solution on the left side of the list and then marks each member's second choice by a slash on the right side of the appropriate solution.
   - The group leader lists the selected solutions on a new sheet of paper with the group's first choice(s) at the top and rank orders the remaining solutions.
5. Identifying the selected solution:
   - The group agrees that the solution to be pursued is the first solution on the list.
   - If the group cannot agree to the first solution, the group leader returns the discussion to Step 3 with group agreement that a final decision will be reached at the end of the next Step 3 through Step 5 sequence.

After deciding on the solution to the problem, the Audit Committee will write a Remedial Action Plan, which will include:

- statement of the desired change(s),
- outline of the steps to be taken,
- assignment of responsibilities to staff members,
- establishment of implemented time schedule,
- development of procedure for documentation of change, and
- specification of date for reaudit (6-12 months after the implementation of the Remedial Action Plan).

See the sample Remedial Action Plan on the next page. Notice the systematic list of activities needed to solve the Identified Problem.

Prepare a Remedial Action Plan that will accommodate the problem and solutions you have identified. Your first step in the "What" column must be "Present plan to Special Education Director." A blank Remedial Action Plan form is included as a worksheet.

REMEDIAL ACTION PLAN

Audit Topic: Caseload
Audit Focus: To evaluate criteria for terminating intervention
Identified Problem: Records show that some students have received speech-language therapy on the same goals and objectives for as long as four years.
Date: October 10, 1984

WHAT	WHO	WHEN
1. Obtain copy of current exit criteria	Criteria Committee Chairperson	October 1, 1983
2. Review literature on criteria for exit from services and prepare a summary	Committee members Smith and Jones	December 1, 1983
3. Research probable effect of change in exit criteria on caseload (include number of students seen per practitioner, cost saving, time saving, personnel saving) and prepare a summary	All Criteria Committee members	February 1, 1984
4. Prepare written recommendation for revised criteria	Criteria Comm. Secy	March 1, 1984
5. Present information to administrator for approval	Criteria Committee Chairperson	March 10, 1984
6. Present implementation information to staff	Criteria Committee Chairperson	March 15, 1984

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*Reaudit Date: December 1, 1984

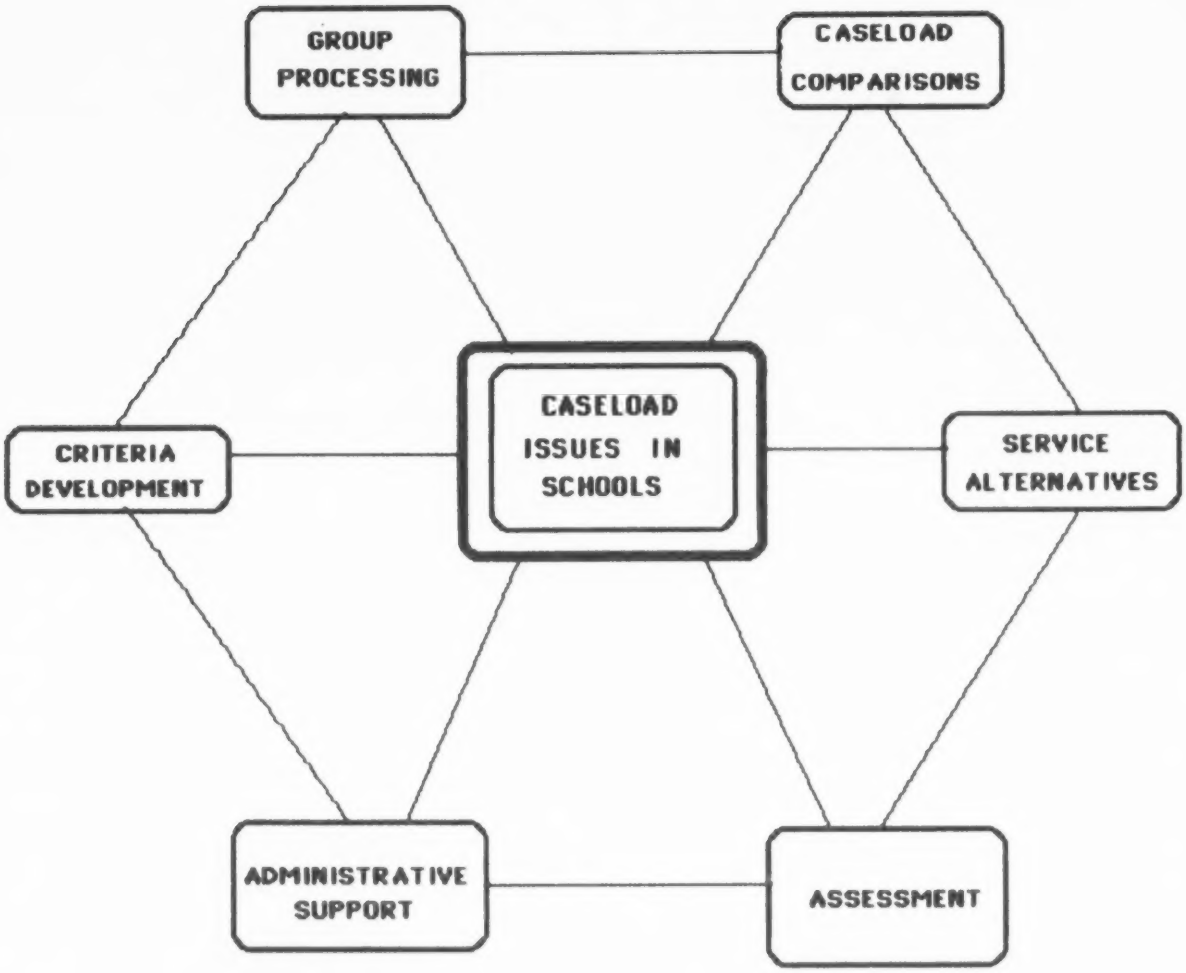
REMEDIAL ACTION PLAN

Audit Topic:
Audit Focus:
Identified Problem:
Date:

WHAT	WHO	WHEN
1. Present plan to Special Education Director	L. Thompson	April, 1984

*Reaudit Date: ___ _____

CASELOAD ISSUES IN SCHOOLS



CASELOAD ISSUES IN SCHOOLS

CASELOAD ISSUES IN SCHOOLS

Caseload considerations have long been a concern of speech-language and hearing professionals employed in school settings. With the implementation of PL 94-142 and the ever-present concern about the stability of continued levels of support funds, service providers, managers, and administrators face many issues specific to caseload decision making. Caseload Issues in Schools: How to Make Better Decisions (ASHA, 1985) contains information regarding common caseload problems as well as recommendations for solutions. The contents include:

- a comparison of caseload issues from the past with those of the present;
- a discussion of service alternatives in school settings that includes a framework for decison-making, information on tracking, and factors related to direct and indirect service delivery options;
- considerations related to assessment issues that include identification, assessment, source of diagnostic information, assumptions in testing, cautions, and solutions to the issues mentioned in the chapter;
- a description of procedures for gaining administrative support that summarizes what you need to know about your organization--who makes it work and who pays for what; what you need to do about accepting your situation the way it is and how to work to have impact; and how you can do it through planning, the use of a timeline, evaluation, flexibility, and risk taking;
- information related to criteria development that includes suggested entry and exit criteria; and
- an orientation to group processing that describes nominal group processing and brainstorming techniques, guidelines to use when involved in the process of achieving consensus, functions for the facilitation/identification of positive and negative group behaviors, and suggestions for helping groups accomplish tasks.

The following section will highlight a portion of the information on gaining administrative support introduced by Susan Hagstrum (ASHA, 1985). Hagstrum suggests that due to changes in our economy and federal policies, service providers must do all they can to gain the support of their administrators. She recommends that service providers "operate accountable programs with criteria, with good rationale for our decision making" that can be explained in "understandable, non-technical terms" (pg. 35). She further cites the need to be aware of the total school organization rather than just the issues specific to the speech-language-hearing program in which one is employed in order to know which variables influence the school's organization the most.

This section of the manual focuses on Hagstrum's suggestions for what one needs to know in order to gain administrative support. In a summary at the end of this section are several suggestions for using this knowledge to achieve the desired support.

To identify the most effective way to gain the support of your administrator, it is important to be knowledgeable about

- o the community that the school district serves,
- o characteristics of the school district,
- o current status of the department under which your program is organized, and
- o the relationship of your program to each of these components.

The following exercises will require you to process information that will contribute to your efforts to gain support from your administrator.

You must first learn about the community served by the school district.

The Community

Several aspects of the community in which the school district is located need to be considered. Be aware of each as you analyze the best way to gain the support of the special education director in the case study.

1. Consider the **business and industrial characteristics** of the community. Each business and industry must contribute tax monies to the community. Know what portion of these community taxes is provided for education and the school district.

2. Consider the **population characteristics** of the community; generally determine the needs of the people who reside in the community and consider how those needs will affect the services you provide. Consider the following general social and economic characteristics of the community:

   a. ethnicity
   b. socioeconomic level
   c. family patterns (e.g., single parent; working parents; large families, single income).

3. Consider reasons **why people reside** in the community and how they affect the educational programs (e.g., families reside in the community because people with similar cultural and first language needs also reside there).

EXERCISE:

Review the characteristics of the University Place community. Briefly describe the business and industrial characteristics, population characteristics, and reasons why people reside in University Place. Describe how you

feel this information will affect the school district, the department of special education, and the speech-language-hearing department.

The School District

The school district that supports the speech-language-hearing program has developed to its present status on the basis of several years of social, economic, and political change. Your understanding of the past and present influences on the school district will enhance your ability to relate your needs to those of the administrators whose responsibilities focus on the district as a whole. Hagstrum suggests learning about several areas related to the school district that will heighten your awareness of its needs:

1. Know the general history of the school district; what occurrences led to the evolution of that district as you know it today?

2. Know who the decision makers are in the school district. Included as decision makers are state-level administrators (e.g., director and state consultants), school board members, superintendents, assistant superintendents, program directors.

3. Know who the "power brokers" are; power brokers are people who make the school district work or who are viewed as having power by others.

4. Learn who the influential people are in the school district (i.e., who can effect change even though he or she does not hold a position of authority?). Examples include a parent group, a particular parent, a teacher, and so forth.

5. The school district receives funding from several sources; they include federal, state, and local government agencies. Develop an understanding of the following funding-related issues as they affect the district.
   a. Determine how the federal funds flow from the federal government (under the auspices of PL 94-142) through the state to the school district.
   b. Using the General Fund Program Summary for the school district, as well as the Special Education Funding Allocation Report for the current school year, develop an awareness of
      (1) the revenue that the state received from federal funds for the current school year,
      (2) the revenue that the school district received from federal funds for the current school year, and
      (3) the revenue that the special education department received from federal funds for the current school year.
   c. Determine how special education funds are allocated for the state.

6. Determine how local funds (e.g., tax monies, contributions) are allocated to the school district.

Determine the general funding characteristics of the University Place School District following Hagstrum's suggestions. On the following page, summarize the information you feel is relevant.

History:

Decision Makers:

Power Brokers:

Influential People:

Funding:

The Special Education Department

The school district's special education department is one of several departments funded by the various levels of government. Your ability to gain the support of your administrator will be enhanced by your sensitivities to the needs of the department. Hagstrum lists several areas that will assist you in supporting your administrator.

1. Become aware of the strengths and weaknesses of the special education department as they have developed over the past several (e.g., five) years; include such areas as philosophy or focus, funding, personnel, number of students served, and so forth.

2. Become aware of the general responsibilities of your administrator. Your awareness of those responsibilities will assist you in speaking his or her "language" when it is time to present your plan or needs.

3. To assist your director and improve your program, it is important that you be able to assess his or her strengths and weaknesses realistically; evaluate how you might support your administrator in relation to these considerations.

4. To prepare the presentation of your needs to your administrator, you must have a sense of perspective for the importance of the issues with which you are concerned. This "sense" is derived by determining the current administrative issues with which your special education director is dealing. Determine the relevance of the issues important to you and how they relate to those of your director.

5. Determine the nature of your problem and solution (for the University Place School District) and structure them so that a relationship exists with at least one of the considerations suggested by Hagstrum.

The Speech-Language-Hearing Program

Hagstrum suggests several areas related to the speech-language-hearing program that you need to evaluate before you approach your administrator with a specific plan of action for solving problems.

1. From an earlier determination, you learned the amount of funding that the school district has allocated for the special education department. Learn the budget allotment for the speech-language-hearing program and its percentage of the total special education budget.

2. It is important to know if the speech-language-hearing program is spending too much, too little, or just the right amount. On the basis of the budget prepared for your program, determine if the speech-language-hearing program is over spent, under spent, or spending as budgeted.

3. Determine the criteria by which students in the speech-language-hearing program generate funds. Then, collect data on the number of students being served by your program who meet the criteria for funds and the amount alloted per student. That is, know what level of funding is generated by your caseload.

4. Your proposed solution to the problems of University Place School District will require funding either directly (i.e., monies allocated for a specific purchase) or indirectly (i.e., funds set aside for staff time). Determine the cost of your solution for the following categories:
   a. personnel,
   b. equipment,
   c. materials,
   d. space,
   e. travel,
   f. miscellaneous costs, and
      (1) consultant fees
      (2) registration fees
      (3) per diem allowance
   g. total cost of your solution.

5. Describe how the solution cost relates to your program cost and its current status. Determine if this information can be used in a presentation to your administrator to support your solution.

6. If additional funding (outside your present funding sources) is required to support your solution, be able to list possible resources.

Presenting the Problem

You are now prepared to:

a. present your problem to your administrator, and
b. present your solution to your administrator.

Use the following to outline your presentation:

I. Briefly describe your current program status.

II. Present your problem clearly (quantify the components of the problem).

III. Briefly present the solution alternatives as you see them.

IV. Indicate the solution you prefer and briefly indicate why.

You may wish to have your outline available to share with your administrator. It is wise to provide supportive information as an attachment.

Worksheet

Outline Your Presentation

I. Program Status

II. Problem

III. Solution Alternatives

1.

2.

3.

IV. Solution

Attachments: _____

_____

_____

Summary of Hagstrum's Suggestions:

"What One Needs To Do"

1. Accept the way it is. Complaining and/or angry staff members do little to gain the support of their administrators.

2. Develop tight criteria for your program. The criteria will explain what you are doing.

3. Assess the importance of your area in the eyes of others. If the opinions of others are negative, assess your ability to change their opinions.

4. Learn about your administrator's role and priorities. Learn how to enhance the ability of your administrator to do his or her job; discover his or her personal strengths and weaknesses and how they relate positively and negatively to administrators; show your administrator how your program would help him/her achieve his or her goals.

5. Demonstrate your skill in making caseload decisions. Know your criteria and whether they're being followed; make sure your procedures are uniform and defensible; be sure you're serving truly handicapped students.

6. Show how you're not meeting your obligation to serve. Show that, for example, because you are understaffed, the service you're providing is below standard or nonexistent.

7. Collect data to show trends. These data are important sources of support for issues being presented to your administrator.

8. Compare what is happening in your district to what is happening in other districts. Administrators respond well to information that shows how their program ranks with others.

9. Establish that you can be trusted. Do what you say you will.

Summary of Hagstrum's Suggestions:

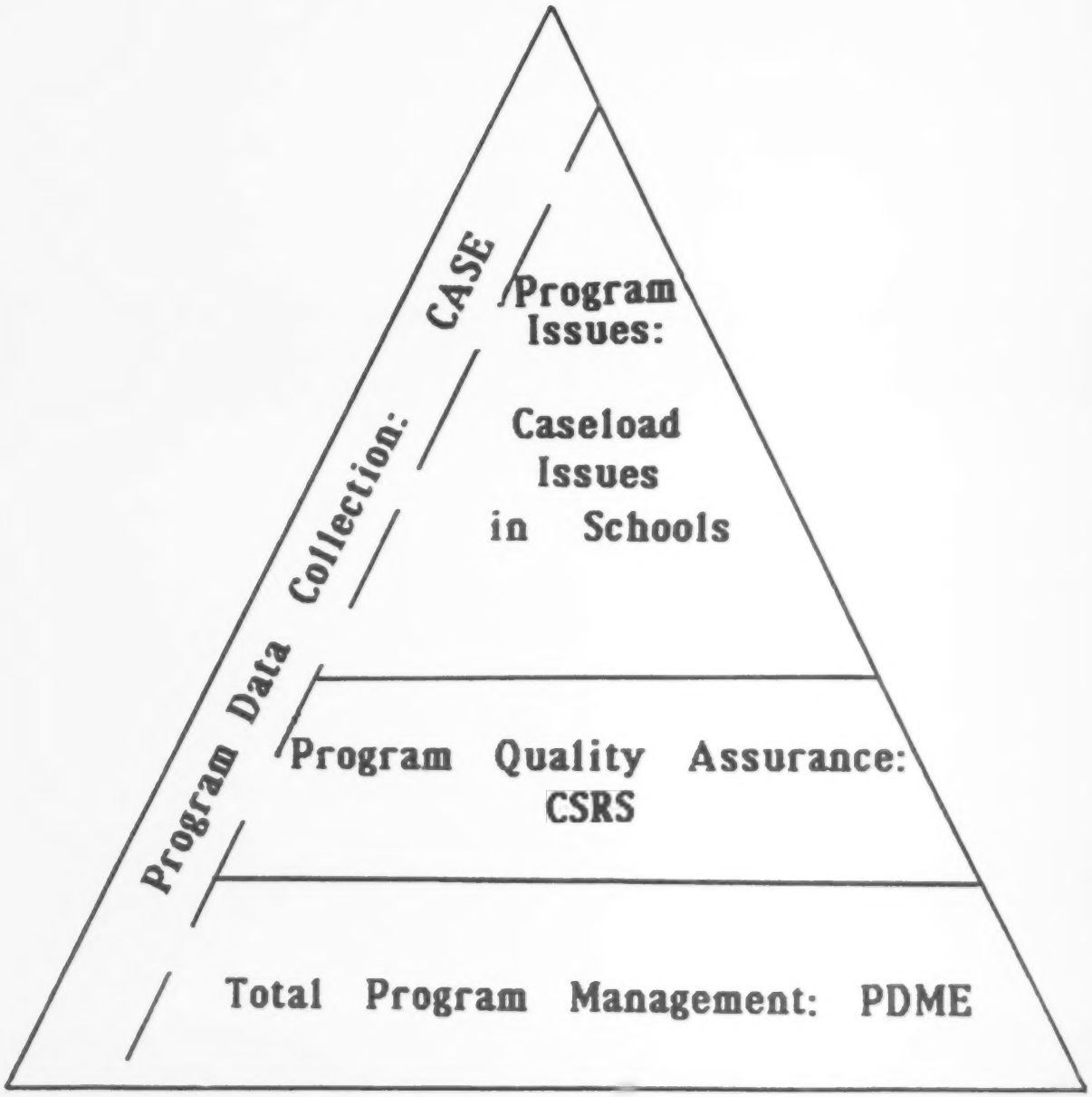
"How To Achieve Success"

1. Make an overall plan with an outline. Your most immediate needs should be your first goals; determine your likelihood of success.

2. Be flexible and prepared to change; seize every opportunity to learn and make an impression. Be careful to promote your program and not yourself.

3. Don't be afraid to make mistakes and, above all, admit to them. Your integrity will be enhanced; ask for criticism--you'll learn from it.

INTERRELATIONSHIP OF THE SYSTEMS



PYRAMID OF MANAGEMENT RESOURCES

An illustration of the interrelationship of four complementary resources

FIGURE 6

Chart which illustrates flow of information.

INTERRELATIONSHIP OF THE SYSTEMS

The primary focus of the information provided in the PDQ Manual pertains to systems that may be used to demonstrate and improve the accountability of services offered in school settings to communicatively handicapped children, as well as other students with special needs. The CASE, PDME, and CSRS systems and the Caseload Issues in Schools publication offer specific yet complementary support to professionals providing services.

It is important to emphasize the complementary nature of the four resources highlighted in the PDQ Manual. Their interrelationship permits use of all four programs in a given school district should the need arise. Figure 6 illustrates the nature of this relationship.

Figure 6 shows that the foundation system of an overall program that emphasizes an organizational strategy (including such management elements as developing, managing, and evaluating) forms the structural basis for additional management strategies. The PDME program is an example of one such foundation system.

To demonstrate the strengths and weaknesses of the various components of a given management strategy, it is important that a quality assurance system be used. The second level of the management triangle (Figure 6) deals with the evaluating or auditing components of the foundation (i.e., program) used to assure program quality. Changes made as a result of auditing will strengthen the overall program foundation. The CSRS program is one such quality assurance system.

A primary area of concern to many practitioners and administrators employed in school settings is caseload accountability. Many issues relate to caseload; they may include entry/exit criteria, assessment, caseload trends, service models, mandated caseload sizes, impact of caseloads on program funding, and gaining your administrator's support. During an audit process, a school district audit committee may determine that one of these issues is the focus of its efforts. The committee may find it helpful to examine information available in Caseload Issues in Schools as it works to develop solutions to discrepancies discovered in the audit.

All three levels of program management rely heavily on the availability of information to describe a program's current status. Data that demonstrate student, practitioner, manager, and program needs serve as a vital balance to the efficient and accountable functioning of a speech-language and/or hearing program. Data gathering that is organized and purposeful does not need to consume valuable service and management time. A system of consistent, efficient data recording and retrieval provides continued strength to the overall program and its components. One such system is the CASE Information System.

It can be seen then that management of a speech-language-hearing program that is knowledgeable, efficient, and purposeful promotes the strength of the program, and, therefore, the services being provided. It is important that practitioners, supervisors, and administrators alike be aware of the need for well-managed programs and that, as professionals, they continue to build and improve their management skills.

The exercises presented on the next pages are designed to asist in determining management system needs in various types of work settings. Thus, they serve as a summary of the information contained in this manual and the PDQ workshop.

WORKSHEET

Exercise I

Complete the chart below by indicating (with an "X" in the appropriate block) which resources focus on the specific management skill areas indicated.

RESOURCES	MANAGEMENT SKILL AREAS			
	Program Management	Quality Assurance	Data Collection	Caseload
CASE				
PDME				
CSRS				
Caseload Issues				

Exercise II

Indicate below which of the four management resources would best meet the needs described in the following brief case studies. Answers are provided on p. 85.

A. S. Smith, speech-language pathologist, needs guidelines for the development of entry and exit criteria. _____

B. G. Jones, audiologist, needs to know if the program for hearing-impaired students in resource classrooms is meeting the needs of the students.

_____

C. K. Harris, speech-language-hearing supervisor, needs to know the average length of time a student receives articulation therapy for the /s/ phoneme. _____

D. D. Perkins, new special education coordinator, needs a system that will provide a management strategy for the speech-language-hearing program.

_____

E. A. Martinez, speech-language pathologist, needs a system(s) that will improve management of the caseload for the three assigned schools.

_____

F. M. Gold, special education director, needs to know if the procedures established for screening and evaluating bilingual students are accountable. _____

G. B. Carson, preschool bilingual speech-language pathologist, needs guidelines for the selection of assessment instruments. _____

_____

H. J. Feldstein, audiologist, needs a system that will track the involvement of individual students from screening to dismissal from services.

_____

Exercise II: Answers

A. Caseload Issues in Schools can be used by Smith to obtain information about the development of entry/exit criteria. CASE can be used to record information about the current and the newly developed criteria. The CSRS strategies would assist in the actual development and implementation of criteria.

B. The CSRS program, as a quality assurance mechanism, would probably provide the best support for Jones. Also, the CASE Information System would assist in the collection, retrieval, and storage of data.

C. The primary vehicle for Harris would be use of the CASE Information System. Harris may also elect to use the PDME program or the CSRS strategies for problem solving.

D. Perkins would find the most help from the PDME system because it presents a total program management strategy; however, Perkins would find additional support from the CASE Information System (data collection, retrieval, and storage), CSRS (quality assurance strategy), and Caseload Issues in Schools (information relevant to caseload concerns).

E. Martinez would find it helpful to use the PDME program to establish a basic system of program management; the CASE Information System would provide important feedback on the efficiency and effectiveness of the program; and Caseload Issues in Schools would provide additional information about specific caseload considerations.

F. Gold would find the CSRS and CASE systems helpful. The CSRS system would provide procedures, and CASE would provide an information system with which to record the needed data. The Caseload Issues in Schools content may also be helpful in providing information about assessment strategies.

G. Carson would be supported by information in Caseload Issues in Schools. Also, Carson may wish to approach the supervisor/coordinator of the program, express the need for guidelines, and suggest the use of a system (perhaps CSRS) to develop the needed guidelines.

H. Feldstein would find the CASE Information System helpful in tracking student progress. Feldstein would also find the PDME program of some assistance in managing the audiology program and caseload in the most accountable manner.

APPENDIX A

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BIBLIOGRAPHY

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APPENDIX B

STUDENT SUMMARY RECORD
CASE-DLM-TEACHING RESOURCES

FORM 13

STUDENT SUMMARY RECORD

1. Student Name (Last, First, Middle Initial): BIDI, LATKA

2. Student Number: 77385

3. Date			4. Specialist Name	5. School Name	6. Grade/ Ed. Setting	7. Reg. Ed. Sp. Ed. (check)	8. Process Code	9. Communication Area Code						10. Placement Model Code	11. Type of Session		12. Time/ Session		13. No. Session/ Week	14. Status Code	15. OFCS Code	16. PHC Code
Month	Day	Year						A	L	V	F	H	CDf		Indiv. (check)	Group (No.)	hr.	mn.				
9	25	8x	Betts	Payne Elem	2	✓	Assess		5					3		3		30	5	A	IV	CD/L
"	"	"	"	"	"	✓	Assess	4						3	✓			30	2	A	IV	CD/S
10	30	8x	Betts	Payne Elem	2	✓	Place	✓						3	✓			30	2	A	IV	CD/S
"	"	"	"	"	"	✓	Place		✓					3		3		30	5	D	IV	CD/L

B.1

8. Process Code:
- ASSESS = Assessment
- PLACE = Placement
- INTER = Intervention

9. Severity Level Code:
- 1 = Normal
- 2 = Minimal
- 3 = Mild
- 4 = Moderate
- 5 = Severe
- 6 = Profound

10. Placement Model Code:
- 1 = Regular class
- 2 = Indirect services within regular class
- 3 = Direct services and instruction in the regular class
- 4 = Resource room services
- 5 = Self-contained special class
- 6 = Private day school
- 7 = Special public day school
- 8 = Public residential school facility
- 9 = Private residential school facility
- 10 = Hospital program
- 11 = Homebound instruction
- 12 = Other (specify)

14. Status Code:
- A = requires placement
- B = requires other assessments
- C = requires no further service
- D = receiving intervention
- E = placement pending
- F = requires reassessment
- G = requires continued placement
- H = transferred out of LEA
- I = status pending

15. Overall Functional Communication Status (OFCS) Code:

KEY:
- I. Communicates effectively in all situations/environments
- II. Communicates effectively in situations/environments that are in some way structured
- III. Communicates with some difficulty in almost any situation, but can manage with help in structured situations/environments
- IV. Communicates with considerable difficulty in almost any situation/environment even with help
- V. Does not communicate in structured situations/environments even with help
- VI. Was not able to evaluate

16. Primary Handicapping Condition Code:
- CD/LS = Communication Disorder (language and/or speech)
- HH = Hard of Hearing
- DE = Deaf
- VH = Visually Handicapped
- MR = Mentally Retarded
- ED = Emotionally Disturbed
- OH = Orthopedically Handicapped
- OHI = Other Health Impaired
- DB = Deaf-blind
- MH = Multi-handicapped
- LD = Learning Disabilities
- Other (specify)

Copies to:
Student LSH file
Speech-language pathologist
Audiologist
LSH supervisor

Data flow to:
FORM C: Assessment Results
FORM D: Placement Results
FORM E: End of Period Service Status Report (SI-5)

FORM 13

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APPENDIX C

GENERAL PROGRAM POLICIES
PDME

GENERAL PROGRAM POLICIES

I. **Describe the administrative structure.**
   A. What are the lines of authority?
   B. Is there a clinical supervisor?
   C. Can the supervisor make line decisions?
   D. Can the supervisor delegate authority?

II. **Describe staff responsibilities.**
   A. What are the lines of authority within the program?
   B. What are the obligations to higher authorities?
   C. What recording and reporting is required?
   D. What decisions are made by staff members?
      1. May they select their own caseload?
      2. May they establish their own schedules?
      3. Etc.
   E. Are written job descriptions available outlining staff roles and responsibilities at all levels?

III. **Describe relationships with other services.**
   A. Are supportive services available? Which ones?
   B. What are the channels for securing such services?
      1. Are direct referrals allowed?
      2. If not, what are the intermediate channels?
   C. What are the limitations on use of other services?

IV. **Describe intra-staff communication procedures.**
   A. How are new policies disseminated to the staff?
   B. Who is involved in policy decisions?

V. **Describe employment practices.**
   A. Who is authorized to employ staff?
   B. Who is authorized to terminate unproductive staff?
   C. What are the policies on continuing education?
   D. What are state regulations that affect employment?
      1. What are the tenure laws?
      2. What are the certification regulations?
      3. Etc.

VI. **Describe supervision and evaluation practices.**
   A. Is direct supervision available?
   B. Is the supervisor qualified?
   C. Are there specific guidelines and procedures for evaluation?
   D. What are the requirements for caseload selection, reporting and record-keeping?

VII. **Describe relationships with outside resources and agencies.**
   A. What services are contracted to other agencies?
   B. What school-agency cooperation is allowed?
   C. What are the constraints on school-agency interactions?

VIII. **Describe the delivery system for pupil services.**
   A. What service models or program options are used?
   B. Can models different from those now used be implemented with or without approval by local and/or state administrative officials?
   C. What criteria have been established for determining pupil eligibility for services? For termination of services? For program evaluation?

GENERAL PROGRAM POLICIES (cont'd)

IX. Describe existing case management practices.

A. Are comprehensive diagnostic assessments provided for pupils identified through screening programs? By what procedures, if so?

B. Are both screening and diagnostic procedures standardized for use by all staff?

C. How is pupil progress determined?

D. What evidence is there that pupils with severe disabilities are receiving quality services?

E. To what degree do parents and classroom teachers participate in the management process?

F. What are the principal intervention methods used? The principal instructional materials?

G. What provision is made for individualized clinical/educational modification?

c.202

PUPIL INFORMATION ANALYSIS

I. Describe the distribution of pupils.

A. What is the total school population?
What is the enrollment by grade level?

B. What is the total number of schools in the district?
What types of schools does the program serve? (Elementary, Secondary, Special)

C. What is the total number of culturally disadvantaged pupils?
In which schools are the majority of such pupils located?

D. What is the total number of special classes in the district?
What is the total enrollment in special classes?
List the special classes by type and indicate the number of classes of each type and the number of pupils of each type. Types might include children classed as trainable mentally retarded, aphasic/language disabled, hearing impaired, etc.

II. Tabulate identification results.

A. What is the number and/or percentage of pupils identified as having speech, hearing or language (S-H-L) disorders? List these figures by grade level and type of disorder.

B. What is the number and/or percentage of pupils whose disorders appear to be related to a specific etiology? List these figures by grade level and etiological categories.

III. Tabulate caseload data.

A. What is the number and/or percentage of pupils receiving S-H-L services supplemental to regular or special class placement?
List these figures by grade level and disorder type.
List these figures by grade level and service category (active-direct; active-indirect; on follow-up).

B. What is the discharge rate for pupils enrolled in S-H-L services?
List the reasons for discharge, the number and/or percentage of pupils discharged in each category.

C. What is the range of staff caseloads: lowest _____? highest _____?

D. What is the average monthly caseload per staff member?

E. What is the average number of pupils served per staff member each year?

F. What is the average number of yearly dismissals per staff member?

G. What is the number or percentage of pupils identified as needing S-H-L services but not receiving them?
List these figures by grade level and disorder type.

IV. List projections.

A. What is the prevalence of communicative disorders among pupils in grades K-12, including special classes?

B. Projected population:

	Pre-School	Elementary	Secondary	Special
19___	_____	_____	_____	_____
19___	_____	_____	_____	_____
19___	_____	_____	_____	_____
19___	_____	_____	_____	_____
19___	_____	_____	_____	_____

c.3

STAFF INFORMATION ANALYSIS

I. **Describe the staff to pupil ratio.**
   A. What is the ratio of clinical staff to total pupil population?
   B. What is the ratio of clinical staff to pupils in all S-H-L service categories?

II. **Describe the salaries of staff members.**
   A. What is the annual salary of each member?
   B. What percentage increase in average salaries has occurred for the past five years?
   C. How does the average salary compare to the state average for that position?

III. **Describe staff experience and education.**
   A. What is the average number of years of experience?
   B. What is the average annual turnover rate?
   C. What percentage of the staff holds the Master's Degree? The ASHA Certificate of Clinical Competence?
   D. What percentage of the staff is enrolled in a program leading to an advanced degree?
   E. What percentage of the staff hold each type of state certification for their present positions?
   F. Which staff members have special areas of expertise?
   G. What are the individual and group needs for inservice and continuing education?

IV. **Describe staff activities.**
   A. What percentage of time is spent fulfilling job requirements, such as direct service, planning, teacher consultation, etc.
   B. What percentage of time is spent receiving inservice training?
   C. What percentage of the staff has responsibility for administrative activities?
   D. What percentage of the total staff hours is directed to administrative activities?
   E. What percentage of time is devoted to research activities?

FINANCIAL INFORMATION ANALYSIS

I. Describe current sources and expenditures of funds.

A. What amounts of money are available from local, state, federal, interagency, and private agency sources?

List these amounts in terms of various sources of funds and the categories of service costs which account for this expenditure (for example, salaries, equipment, materials, etc.).

B. What is the total program budget?

C. Who designates spending categories?

D. May monies be shifted among categories?
What amounts may be shifted?
What amounts are restricted to specific categories?

E. What are your fixed costs?
What are the amounts of these fixed costs?

II. Describe potential sources of additional income.

A. Within the district, are uncommitted funds available?
Identify them by amount and source.

B. Are there outside sources of funds not now being used? Identify them.

FACILITIES

I. **Describe existing clinical space.**
   A. Is there adequate space for total program flexibility?
   B. Is the space appropriate for its given use?
   C. Are facilities so designed that they are accessible to physically handicapped students?

II. **Describe procedures for acquiring facilities.**
   A. Who assigns facilities?
   B. Are staff members included in the planning of new facilities?
   C. What are the procedures for assuring availability of facilities?
   D. What are the procedures for modifying inadequate procedures?
   E. What are time constraints on facility acquisition?
   F. Must planning occur far in advance of need assessment?

III. **Describe the financial aspects of facility change.**
   A. Who determines the budgeting for facility modification?
   B. Can monies be transferred from other categories?
   C. Are there outside sources for funding facility changes?

c.6 2 6

EQUIPMENT AND MATERIALS

I. Describe the equipment and materials available.

A. What kinds of equipment do you have?
Is other specialized equipment available as needed?

B. What diagnostic and instructional materials are available?

C. Is consumable material replaced on a regularly scheduled basis?

II. Describe procedures for obtaining and distributing equipment and materials.

A. Who determines what equipment, materials, and supplies are needed?

B. Are these budgeted in advance?
Can additional purchasing be made as needed?

C. How is distribution handled?

D. Is there a system for cataloging and inventory on a regular basis?

III. Describe procedures used to evaluate materials and equipment.

A. Does the equipment meet objectives defined for its use?

B. Does the equipment require undue maintenance?

C. Do staff use the materials purchased? With what frequency?

D. Is the material effective?

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APPENDIX D

CSRS AUDIT CHECKLIST

CSRS AUDIT CHECKLIST

Audit Topic:

Audit Focus:

Audit Population and Time Period:

Audit Committee Members:

_____ DRAFT CRITERION STATEMENTS DEVELOPED / / Typed: / /

_____ CRITERION STATEMENTS RATIFIED BY TOTAL STAFF / /

_____ RECORDS REVIEWED / /

_____ PROBLEMS IDENTIFIED AND ANALYZED / /

_____ REMEDIAL ACTION PLAN DEVELOPED / / Typed: / /

_____ REMEDIAL ACTION PLAN RATIFIED / /

_____ REMEDIAL ACTION PLAN IMPLEMENTED / /

_____ REAUDIT / /

RESULTS OF AUDIT:

Criterion Statement _____

Threshold for Action _____ Original *ALP _____ New ALP _____

Criterion Statement _____

Threshold for Action _____ Original *ALP _____ New ALP _____

Criterion Statement _____

Threshold for Action _____ Original *ALP _____ New ALP _____

Criterion Statement _____

Threshold for Action _____ Original *ALP _____ New ALP _____

* Actual Level of Performance

APPENDIX E

CASE: STUDENT MANAGEMENT SYSTEM
CASE: PROGRAM MANAGEMENT SYSTEM

CASE

STUDENT MANAGEMENT SYSTEM

PROCESS	FORM	PURPOSE	WHEN COMPLETED	COMPLETED BY	COPIES TO	DATA FLOW TO
STUDENT IDENTIFICATION	STUDENT IDENTIFICATION RECORD 1	To record all relevant student identification information on a single form.	At Referral, Screening or Assessment.	Speech-language pathologist, Audiologist, Parent/guardian or Designee.	Student LSH file LSH supervisor	Student Management Forms 2-15
PARENT CONTACT	PARENTAL CONTACT RECORD 2	To maintain a chronological record of parental contacts throughout all phases of service provided in the language, speech and hearing program.	Following each parental contact (telephone, written, personal).	Speech-language pathologist and/or Audiologist.	Student LSH file	No data flow.
REFERRAL	REFERRAL FORM 3	To document that a referral is being made and to maintain a record of referrals for screening and/or assessment.	Whenever a student is referred for LSH screening and/or assessment.	Teacher, Parent/guardian or Other school/health personnel.	Student LSH file	Parental Contact Record 2 Student Register 14
SCREENING	SCREENING FORM 4	To record information obtained during language, speech and hearing screening.	During or after a student is screened for language, speech and/or hearing problems.	Speech-language pathologist and/or Audiologist.	Student LSH file School file Referral source Parent/Guardian Teacher	Parental Contact Record 2 Student Register 14 Grade List for Reporting Screening Results A
ASSESSMENT	LANGUAGE, SPEECH AND HEARING CASE HISTORY FORM 5	To obtain a brief case history of the student prior to the delivery of further language, speech and hearing services.	Before or after assessment.	Parent/guardian, Speech-language pathologist and/or Audiologist.	Student LSH file	Parental Contact Record 2
	AUDIOLOGIC ASSESSMENT FORM 6	To record the presence or absence of audiologic problems, the results of a complete differential diagnostic assessment, and recommendations for further service.	During or after completion of an audiologic assessment.	Audiologist.	Student LSH file Assessment/ placement team	Parental Contact Record 2 Individualized Education Program 8 Student Summary Record 13 Student Register 14 Student Master Record of Special Education Services 15
	LANGUAGE AND SPEECH SUMMARY ASSESSMENT FORM 7	To record the results of all diagnostic assessment information relevant to the language and speech behaviors of a student, including names of test instruments used, test results and conclusions and recommendations for further service(s).	During or after completion of a language and/or speech assessment.	Speech-language pathologist.	Student LSH file Assessment/ placement team	Parental Contact Record 2 Individualized Education Program 8 Student Summary Record 13 Student Register 14 Student Master Record of Special Education Services 15

E.1

PLACEMENT	INDIVIDUALIZED EDUCATION PROGRAM 8	To provide a record of the Individualized Education Program plan for each student in the language, speech and hearing program.	Before each placement decision is made. Whenever a student's program goals/objectives are changed. At the time student progress is recorded.	Assessment/placement team.	Student LSH file Each specialist serving student Parent/guardian LSH supervisor Director of Special Education	Parental Contact Record 2 Student Summary Record 13 Student Register 14 Student Master Record of Special Education Services 15
INTERVENTION	INTERVENTION SESSION SUMMARY 9 INTERVENTION RECORD FORM 10 INTERVENTION SCORE SHEET 11	To provide two alternative procedures to systematically record and evaluate performance of students in the language, speech and hearing program.	During each session in which student performance data is recorded.	Speech-language pathologist or Designee.	Student LSH file	End of Period Progress Report 12
	END OF PERIOD PROGRESS REPORT 12	To provide a record of services delivered, progress achieved, status, and recommendations for each student in the language, speech and hearing program to teachers, parents, etc.	At the end of each reporting period or when student is dismissed or transfers out of the school district.	Speech-language pathologist and/or Audiologist.	Student LSH file Parent/guardian Teacher(s) Other specialists serving student	Parental Contact Record 2 Individualized Education Program 8 Student Summary Record 13 Student Register 14 Student Master Record of Special Education Services 15
CASE COORDINATION	STUDENT SUMMARY RECORD 13	To maintain a cumulative record of service for each student in the language, speech and hearing program. To inform language, speech and hearing administrative/supervisory personnel of changes in student information or status. To provide administrative/supervisory and LSH staff with a means for compiling student data that can be used to help make program management decisions.	At Assessment, Placement End of Period or whenever these processes are repeated.	Speech-language pathologist, Audiologist or Designee.	Student LSH file Speech-language pathologist Audiologist LSH supervisor	Assessment Results C Placement Results D End of Period Service Status Report E
	STUDENT REGISTER 14	To record summary information on Referral, Screening, Assessment. Placement and End of Period for all students with communication disorders. To assist the speech-language pathologist and/or audiologist to monitor the status of students in the LSH program.	Each time information on Referral, Screening, Assessment, Placement, and End of Period Progress is recorded for each student in the LSH program.	Speech-language pathologist, Audiologist or Designee.	Speech-language pathologist and/or Audiologist	No data flow.
	STUDENT MASTER RECORD OF SPECIAL EDUCATION SERVICES 15	To maintain a cumulative record of special education services provided to a student within and/or outside the school district.	Each time assessment and/or intervention is initiated and at conclusion of services.	Case coordinator or Designee.	Student's school file Director of Special Education	No data flow.

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CASE

PROGRAM MANAGEMENT SYSTEM

PROCESS	FORM	PURPOSE	WHEN COMPLETED	COMPLETED BY	COPIES TO	DATA FLOW TO
STUDENT INFORMATION	GRADE LIST FOR REPORTING SCREENING RESULTS **A**	To furnish a listing by grade of the students screened for communication disorders and the overall results of each screening.	Each time a student is screened.	Speech-language pathologist, Audiologist or Designee	Classroom teacher Principal LSH supervisor	Screening Results **B**
	SCREENING RESULTS **B**	To provide, by grade and school, unduplicated counts of students screened for LSH disorders and the results of these screenings.	Each time counts are to be computed for students screened, but at least annually.	Speech-language pathologist, Audiologist, LSH supervisor or Designee	LSH supervisor Principal	Summary of Language, Speech and Hearing Services **F**
	ASSESSMENT RESULTS **C**	To provide, by grade and school, unduplicated counts of students with communication disorders, communication differences, and no apparent communication problems based on assessment results.	Whenever counts are computed of student assessment results, but at least annually.	Speech-language pathologist, Audiologist, LSH supervisor or Designee	LSH supervisor Principal	Summary of Language, Speech and Hearing Services **F**
	PLACEMENT REPORT **D**	To provide, by grade and school, unduplicated counts of students: • receiving intervention for single and multiple communication disorders/differences • requiring, but not receiving, intervention for communication disorders/differences.	Whenever counts are computed of student placement results, but at least annually.	Speech-language pathologist, Audiologist LSH supervisor or Designee	LSH supervisor Principal	Summary of Language, Speech and Hearing Services **F**
	END OF PERIOD SERVICE STATUS REPORT **E**	To provide, by grade and school, unduplicated counts of students' status at the end of the service period.	At end of service period or at least annually.	Speech-language pathologist, Audiologist, LSH supervisor or Designee	LSH supervisor Principal	Summary of Language, Speech and Hearing Services **F**
	SUMMARY OF LANGUAGE, SPEECH AND HEARING SERVICES **F**	To summarize LSH program student information and to develop unduplicated counts of students served in various service capacities.	Whenever complete summaries of student information are compiled, but at least annually.	LSH supervisor or Designee	Director of Special Education LSH supervisor	No data flow
COST ANALYSIS	PROGRAM FUNDING SOURCES **G**	To provide a breakdown of funding sources and amount of funding for the LSH program.	At the beginning of each fiscal year or budget period.	LSH supervisor or Designee	LSH supervisor, Director of Special Education and/or Other administrative personnel	Program Budget and Expenditure Report **H** Staff Information Analysis and Time Distribution Report **J**
	PROGRAM BUDGET AND EXPENDITURE REPORT **H**	To provide a breakdown of budgeted and expended costs for the LSH program.	At the beginning and end of each fiscal year or budget period.	LSH supervisor or Designee	LSH supervisor, Director of Special Education and/or Other administrative personnel	No data flow

	MONTHLY STAFF TIME DISTRIBUTION REPORT I	To provide a distribution of LSH service activities by hours that each staff member worked.	Daily for each month of service.	Speech-language pathologist, Audiologist and LSH supervisor	LSH supervisor	Staff Information Analysis and Time Distribution Report J
	STAFF INFORMATION ANALYSIS AND TIME DISTRIBUTION REPORT J	To provide a breakdown of costs of LSH service activities per staff member.	At the end of each fiscal year or budget period.	Section I Speech-language pathologist, Audiologist, LSH supervisor and/or Other personnel Section II-V LSH supervisor or Designee	LSH supervisor	Cost Allocation of Aggregate Staff Hours K
	COST ALLOCATION AND AGGREGATE STAFF HOURS REPORT K	To provide a breakdown of individual and aggregate staff costs for direct and indirect service activities.	At the end of each fiscal year or budget period.	LSH supervisor or Designee	LSH supervisor, Director of Special Education and/or Other administrative personnel	Program Budget and Expenditure Report H Expenditure Allocation Summary Report L
	EXPENDITURE ALLOCATION SUMMARY REPORT L	To provide a breakdown of type of LSH program and direct service activity costs.	At the end of each fiscal year or budget period.	LSH supervisor or Designee	LSH supervisor, Director of Special Education and/or Other administrative personnel	Program Budget and Expenditure Report H
SPECIAL REPORTS	EQUIPMENT AND MATERIALS/SUPPLIES REQUISITION M	To describe, justify, and maintain records of requisitions for equipment and materials/supplies for the LSH program(s). To provide a mechanism for distributing costs and planning budgets for equipment and materials/supplies for the LSH program(s).	Each time equipment and materials/supplies are requested.	Speech-language pathologist or Audiologist	LSH supervisor	Program Budget and Expenditure Report H Cost Summary of Equipment and Materials Supplies Requisition B
	COST SUMMARY OF EQUIPMENT/SUPPLIES REQUISITION N	To provide a breakdown of requested funds and actual expenditures for equipment and materials/supplies by LSH program area and service activity.	At the end of each fiscal year or budget period.	LSH supervisor or Designee (in conjunction with accountant)	LSH supervisor, Director of Special Education and/or Other administrative personnel	Program Budget and Expenditure Report H Expenditure Allocation Summary Report L
	FACILITIES INFORMATION SURVEY FORM O	To provide, information of the adequacy of the physical facilities used for the LSH program(s).	Annually.	Facility survey team (speech-language pathologists, audiologists, LSH supervisor and other members)	LSH supervisor, Director of Special Education and/or Other administrative personnel	Program Budget and Expenditure Report H

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PDQ REFERENCE MATERIALS

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R2..... GM=A (TOP/S)
R3..... Group Processes-/Types of Problem Solving
R4..... Nominal Group Processing
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R7..... Data Collection
R8..... Triangle of Management Resources
R9..... PDME
R10..... CSRS
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R34..... Summary

R1

PDQ OBJECTIVES

- Define "manager"
- Identify who is a "manager"
- Identify the steps in the Management Process
- Describe the role of data collection
- Describe the Nominal Group Process and Brainstorming
- Describe when you might use
  - PDME
  - CSRS
  - CASE
  - CASELOAD ISSUES IN SCHOOLS
- Describe the interrelationship between
  - PDME
  - CSRS
  - CASE
  - CASELOAD ISSUES IN SCHOOLS

GMS = A (TOP/S)

Good Management Skills

are developed by

demonstrating

ACCOUNTABLE

- **TECHNICAL SKILLS**
- **ORGANIZATIONAL SKILLS**
- **PEOPLE SKILLS**

TYPES OF PROBLEM-SOLVING GROUPS

Phillips 66

Quality Circle

Consensus

Brainstorming

Forced Field

Nominal Group Process

NOMINAL GROUP PROCESSING

1. Group Members individually write list of ideas related to topic.

2. Group Leader calls for round robin polling of ideas (Group Recorder lists ideas in chronological order).

3. Group Leader leads discussion of ideas to clarify, define, synthesize, add, delete, etc.

4. Group Members silently decide on first and second choice.

5. Group Leader calls for round robin polling of all first choices, then second choices; Group Recorder shows first choices on the left side of the list and second choices on the right side.

6. Selection is made based on idea with most votes.

MANAGER

* Managing, Controlling, Directing.
  Skillful managing; careful, tactful treatment
  (Webster)

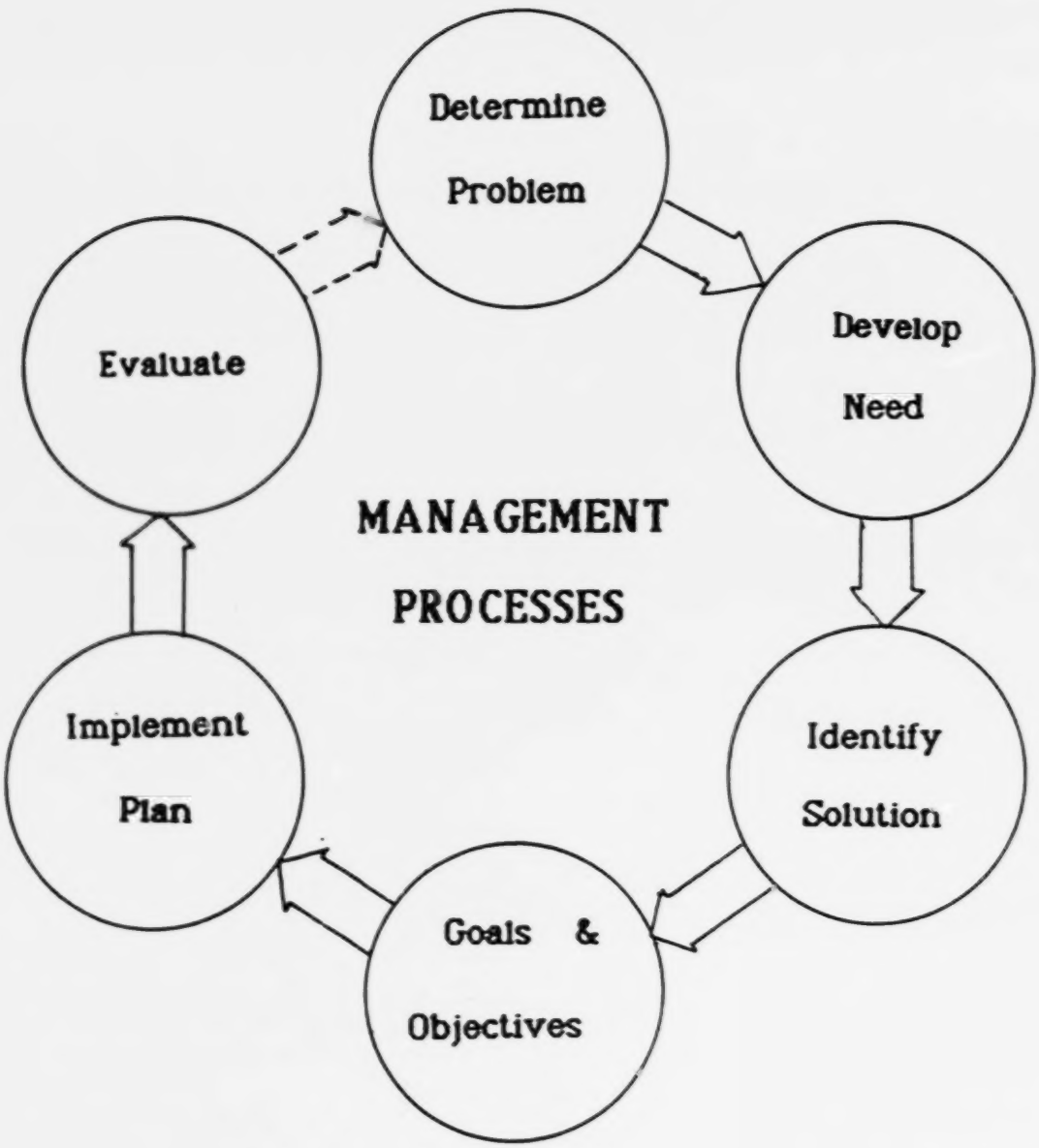
* Integrates, Coordinates, Facilitates
  (Raia)

* Plan, Organize, Integrate, Measure
  (Drucker)

* Attract, Organize, Coordinate, Evaluate
  (Finn)

* Plan, Organize, Make Decisions, Evaluate or Monitor
  (Randolph)

* Responsible for the work of others
  (Koontz & O'Donnell)


Determine Problem
Develop Need
Identify Solution
Goals & Objectives
Implement Plan
Evaluate
MANAGEMENT PROCESSES

Data Collection Process

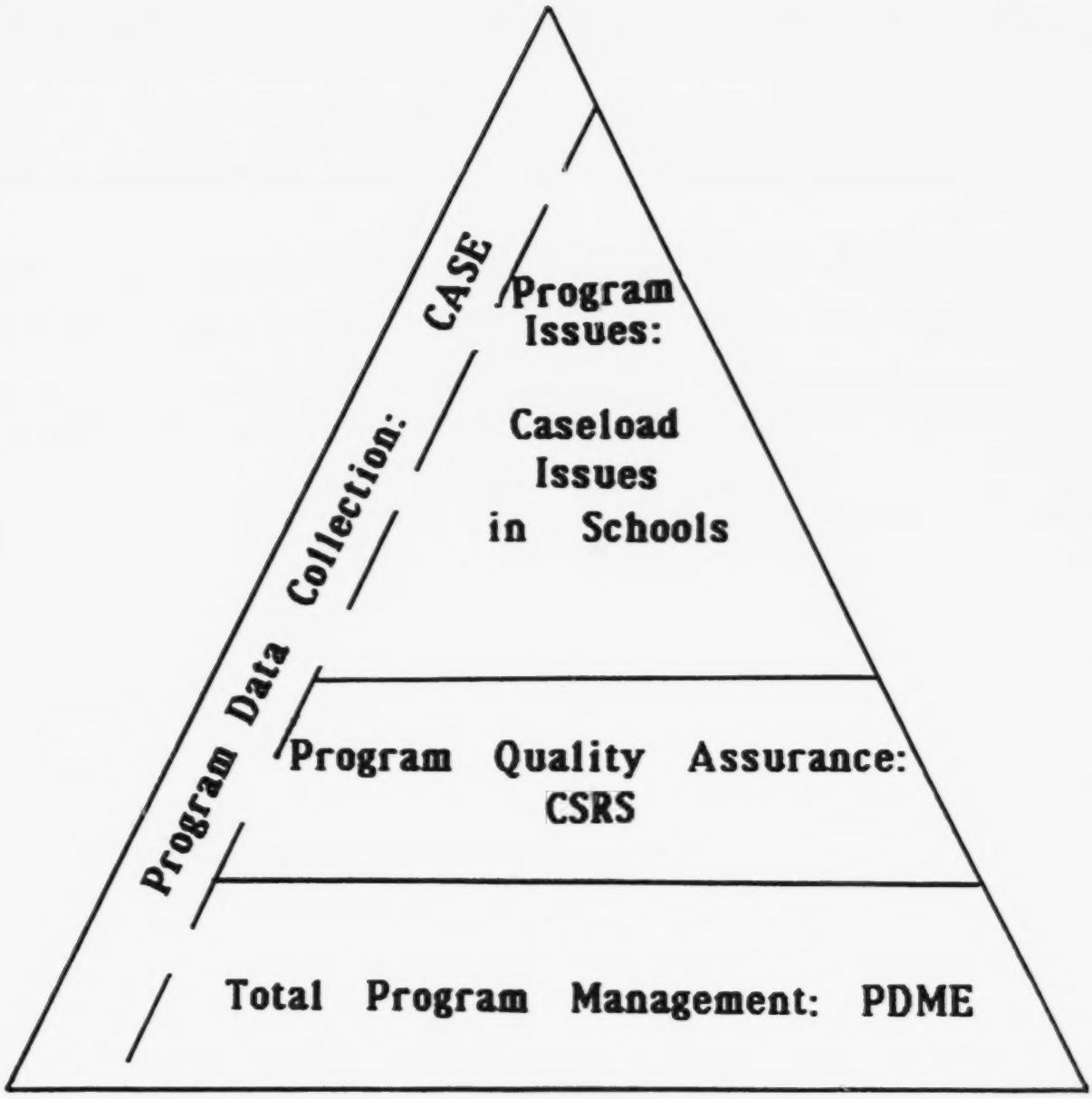
Need

Observation

Recording

Analysis

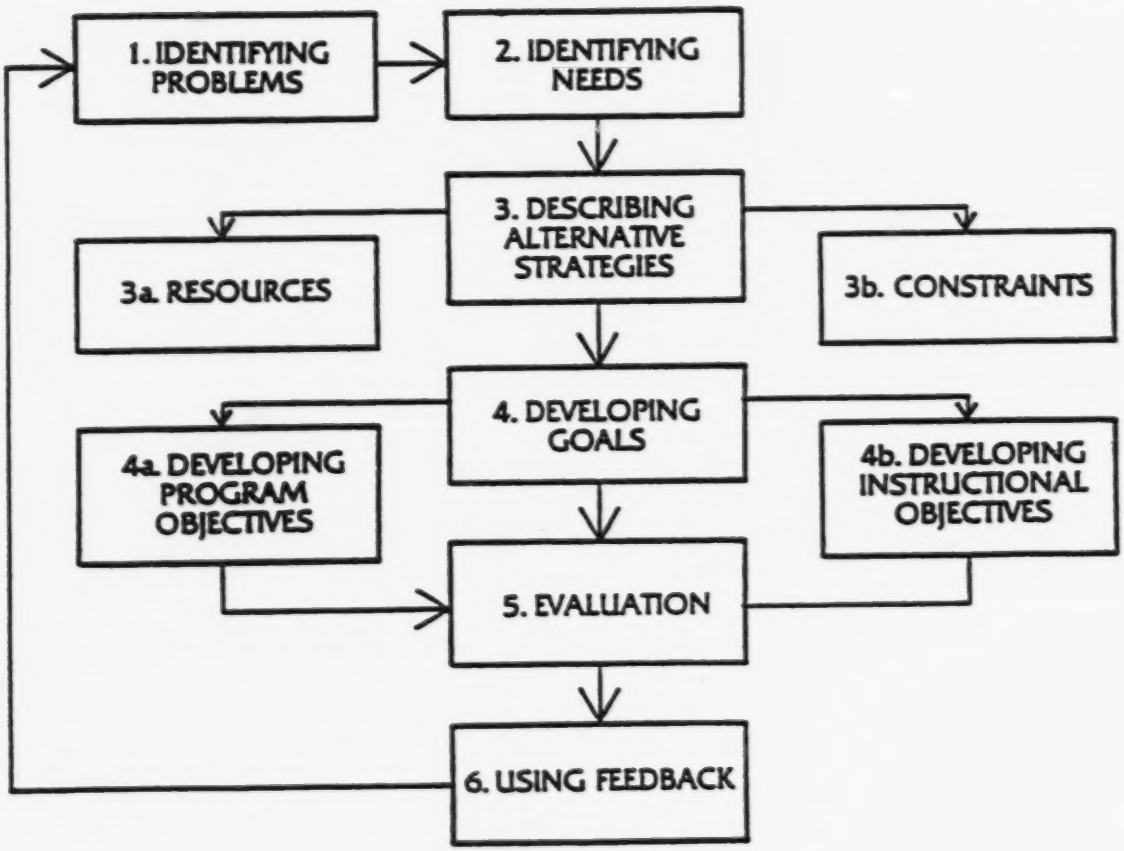
Interpretation



PYRAMID OF MANAGEMENT RESOURCES

An illustration of the interrelationship of four complementary resources

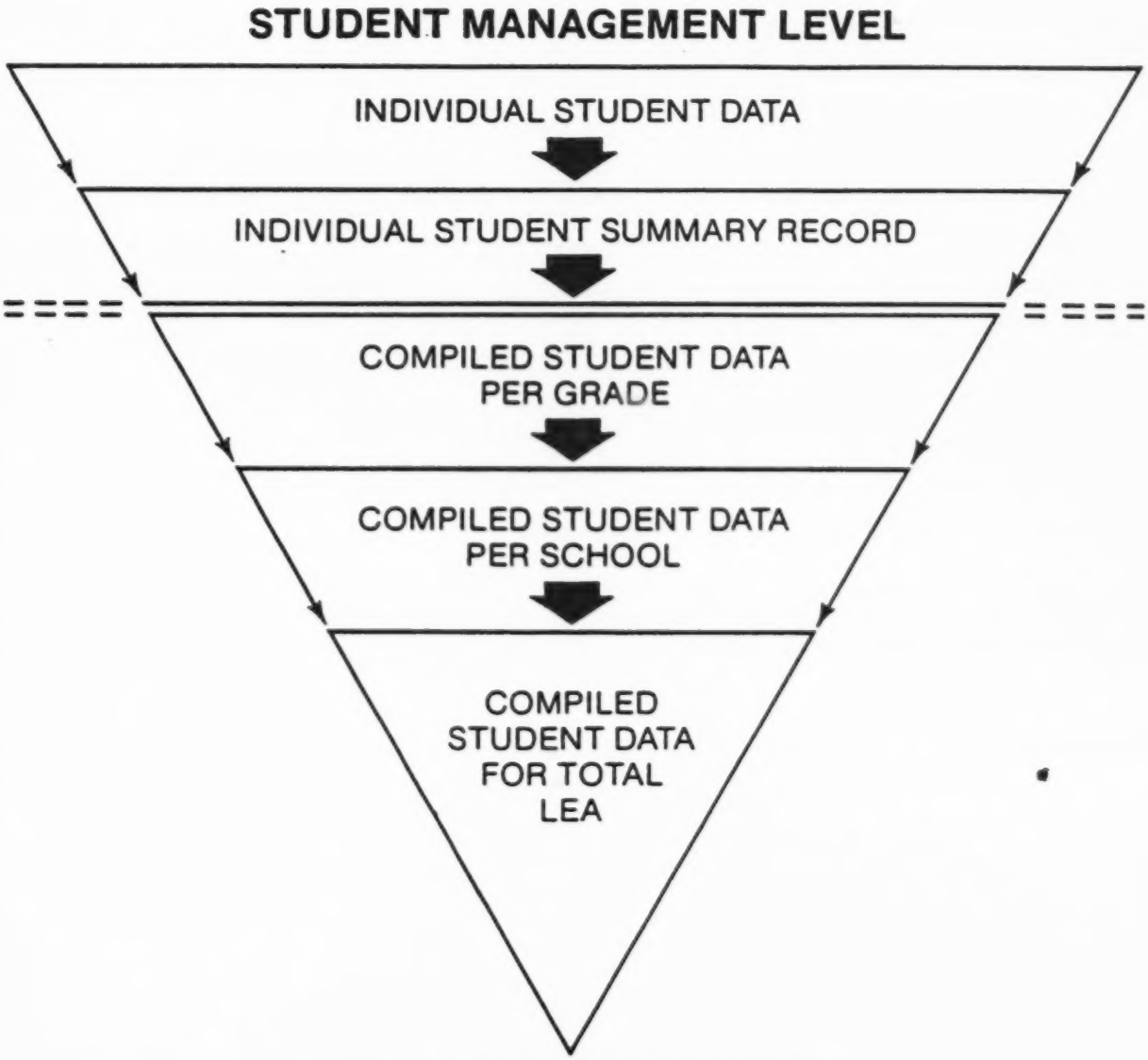
PROGRAM PLANNING, DEVELOPMENT, MANAGEMENT AND EVALUATION MODEL



CSRS
AUDIT
CYCLE
1
SELECT AUDIT TOPIC
2
DRAFT CRITERION STATEMENTS
3
RATIFY CRITERION STATEMENTS
4
REVIEW RECORDS
5
IDENTIFY AND ANALYZE PROBLEMS
6
DEVELOP SOLUTIONS
7
RATIFY SOLUTIONS
8
IMPLEMENT SOLUTIONS
9
REAUDIT

CASE

Information System Flow Chart


STUDENT MANAGEMENT LEVEL
INDIVIDUAL STUDENT DATA
INDIVIDUAL STUDENT SUMMARY RECORD
COMPILED STUDENT DATA PER GRADE
COMPILED STUDENT DATA PER SCHOOL
COMPILED STUDENT DATA FOR TOTAL LEA
PROGRAM MANAGEMENT LEVEL

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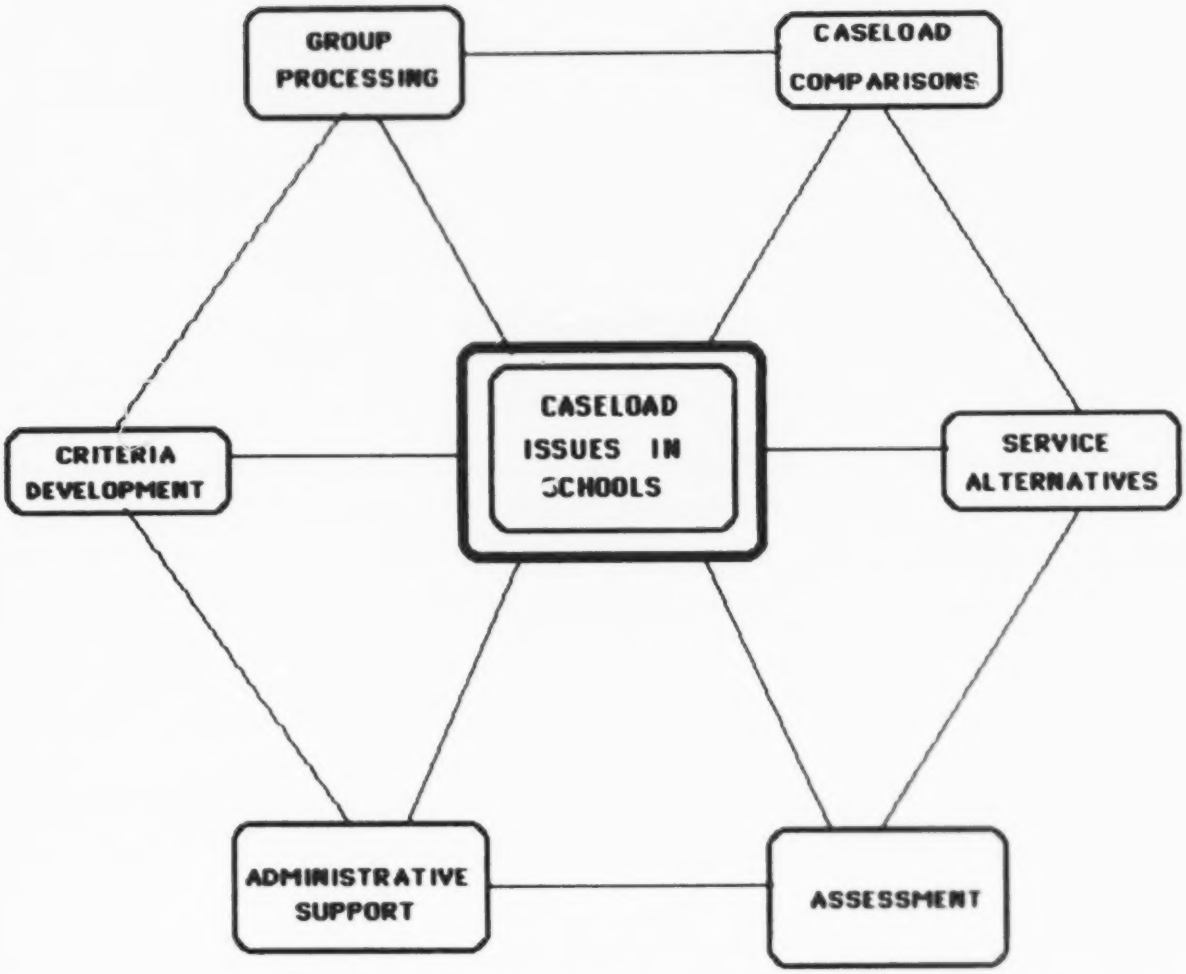

CASELOAD ISSUES IN SCHOOLS

GOOD MANAGEMENT SKILLS

MANAGEMENT

MANAGERS

MANAGEMENT PROCESS

- Problem
- Need
- Solution
- Goals/Objectives
- Plan Implementation
- Evaluation

PDME, CSRS, CASE, Caseload Issues in Schools

PROBLEM DETERMINATION

1. Perception of current program status.
    a. Strengths
    b. Weaknesses
2. Describe your perception of the problem.
3. Review available data to determine the MAGNITUDE of the problem using
    a. Questionnaires
    b. Recording
    c. Interview
    d. Comparison
    e. Data Analysis
4. Develop the Statement of the Problem.
    a. Magnitude
    b. Data based

PDQ Workshop
PROBLEM DETERMINATION WORKSHEET

1. Observe the current program status and list the following:

   A. Strengths:

   B. Weaknesses:

2. Describe your concern or perception of the problem. For example: Many classroom teachers do not refer students for speech, language, and/or hearing screening.

3. Indicate which technique you will use to determine the magnitude of the problem you have selected.

   _____Questionnaire
   _____Recording
   _____Interview
   _____Data Analysis
   _____Comparison

4. Develop a "Statement of the Problem." Indicate data or specific information that relates to the perception of the problem shown above and its magnitude. For example: At Wilson Elementary School, none of the third or fourth grade teachers (33% of all the teachers) refer students to the speech-language-hearing program for screening.

1. It's December 8, 198__, and the Director of the Special Education Department has just met with L. Thompson, Supervisor of the Speech-Language-Hearing (SLH) program, and indicated tht it appeers that there will be cutbacks in funding for the Department for the following school year. The Director has tasked all the Special Education supervisors to evaluate where they feel they can make cutbacks and to be prepared to report their recommendations by January 30, 198__ Thompson made a mental note to check CASE Form F (Summary of Language, Speech, and Hearing Services) to get an overview of the SLH program.

2. The Special Education Director has also expressed a concern that, according to recent reports, the enrollment in Special Education programs is 16% of the total enrollment of the school district. The Director indicated that state reimbursement of funds is only at the 12% level which means that state funding may not be available for 4% of the Special Education program the following year. In order to determine if all the students receiving services in Special Education programs are appropriately placed, the Director suggested that each program in the Special Education Department determine if the services being provided to each student fall within the parameters of those specified by Public Law 94-142, namely:
   - o The appropriateness of the service as it relates to the diagnosed handicapping condition (Does the severity of the handicapping condition warrant the service that is being provided?) and
   - o The status of the handicapping condition and the service being provided as it relates to educational relevance, that is:
     - -Is the handicapping condition educationally relevant, i.e., Does it interfere with the child's ability to receive an appropriate education? and
     - -Is the service that is being provided educationally relevant for the Special Education Department, i.e., Is the Special Education program the most appropriate program for the provision of the needed service(s)?

3. The SLH Supervisor, L. Thompson, is concerned that the number of communicatively different (CDf) students enrolled in the SLH program is so high; Thompson suspects that many of the Limited English Proficient students in the program are enrolled in language sessions only. Thompson is aware that the Community is characterized by a large non-English speaking Morkovian population. From a series of interviews that Thompson did with 20 principals, regular and resource teachers, and other non-SLH program staff, the following information was obtained:
   - o 17 respondents were unsure about where to place Morkovian students (e.g., regular program, resource classroom, ESL classroom, SLH program).
   - o 16 felt that the SLH program was the most likely placement for the non-English speaking students so that they might learn to speak English.
   - o 19 were unsure about what SLH service providers did.
   - o 19 felt that the SLH program was doing what it should.
   - o 8 felt the SLH staff took students too frequently from the classroom.
   - o 11 felt that some of the students in the speech-language program did NOT seem to have a speech and/or language problem.

4. Thompson asked the eight SLH staff members to complete a questionnaire regarding what they felt the needs of the SLH program were. The results of the questionnaire are as follows:

Concern	Number Identifying
a. Smaller caseloads	8
b. More equipment, materials, supplies	1
c. More inservices	7
d. Specific entry/exit criteria	2
e. Guidelines for working with Morkovian students	7

f. Less paperwork.....8
g. More time for intervention.....6
h. More planning time.....5
i. Not enough time to see all the students.....2
j. More or improved areas in which to see students.....0

5. The distribution of SLH school assignments is shown below:

STAFF ASSIGNMENTS

School/Service	Number of Staff	Type of Staff	Schools Per Staff Member	Caseload
Preschools	1	SLP*	3	79
Elementary	2	SLP	3	86, 72
Junior High	1	SLP	3	73
Senior High	1	SLP	2	74
Special School	1	SLP	1	69
Hearing Impaired	1	SLP**	12	44
Hearing Screening, Testing, Referring, Consulting	1	Audiologist	12	NA

*SLP refers to Speech-Language Pathologist
**This staff member is dually certified as a Speech-Language Pathologist and a Teacher of the Deaf.

6. Thompson has found that approximately $5,000 budgeted to the SLH program will be unexpended at the end of the current school year due to the unused salaries which resulted from the late hiring of an Audiologist and one Speech-Language Pathologist.

7. Thompson visited J. Parker, an itinerant Speech-Language Pathologist, for a routine "end of report period" observation. After the observation, the following discussion occurred:

Parker (Speech-Language Pathologist): I'm glad you're here today. I'm feeling really good about getting all these kids into the program. It was hard to get all of them scheduled for sessions twice a week, but I did it! I have to say though that I'm really worried about the size of my caseload.

Thompson (Supervisor: Before we talk about your caseload, I want to remark on the fact that your sessions this morning seemed to go very well...you seem organized, your IEPs are in good order and the students seem to be involved in appropriate activities...Now, regarding your caseload: how many students are you seeing? The staff average is 71 students...

Parker: I knew I had too many students! I have 86 students on my caseload! My problem is that I need another speech-language pathologist to take some of these students...especially the Morkovian students. I'm feeling really uncomfortable with the assessments I've done on them and I'm still not sure they should be on my caseload. On top of that, some of my students have been enrolled for speech and language for several years; I'm wondering how effective my procedures are if it takes so long to dismiss the students...

Thompson: That's a valid concern...with so many students on your caseload, I would guess that you've had some difficulty scheduling everyone...particularly those students who need intensive scheduling...how often are you seeing the more severely involved students?

Parker: Since I have so many students, I'm just seeing everyone two times a week...each session is 30 minutes long, but I estimate that actual work time is only 20 minutes (figuring in set-up time, travel to and from the classroom). So, everyone, even my most severe kids, receives an estimated average of only 40 minutes a week. If there was another speech-language pathologist assigned to one of my schools, it would cut my caseload in half, and give me more time to work with the severe students...

Thompson: Certainly adding another staff member would be one possible solution...I'm wondering...how do you place students on your caseload...what are your entry and exit criteria?

Parker: Well, it depends on the student's performance during the evaluation...It just depends...I keep them in the program until I feel they're ready to dismiss... that way, I'm sure that they won't need to return for services one year later.

Thompson: OK, let's take a look at some information about your program. I'd like you to complete the CASE Form F (Summary of Language, Speech, and Hearing Student Services). Bring it, plus CASE Form 13 (Student Summary Record) for one of your severe students, to my office tomorrow afternoon at 2:45. We'll talk more about your concerns and what we might do to improve your situation.

FORM F SUMMARY OF LANGUAGE, SPEECH, AND HEARING STUDENT SERVICES

Reporting Period:

018	117	81X	to 015	217	81X
Month	Day	Year	Month	Day	Year

1. LEA Name: University Place — Code:

2. Completed by (Name): L. Thompson (Supervisor) — Code:

3. General LEA Information	Preschools	Elementary Schools	Secondary Schools	Special Schools	Other Schools	3c. Total All Schools
3a. Number of Schools	3	6	2	1		12
3b. Student Enrollment	270	3,786	2,578	201		6,835

Language, Speech and Hearing Program Information

4. Screening	Number of Students Screened for Communication Disorders							Screened for CDf	Total Screened	Results		Recommendations	
	A	L	V	F	H	M	Total			Pass	Fail	Rescr.	Assess.
4a. Preschool						26	26	14	40	18	22	6	16
4b. Elementary	25	35	10	6	7	76	159	58	217	56	161	27	134
4c. Secondary	10	29	6	9	4	18	76	18	94	16	78	8	70
4d. Special						44	44	10	54	0	54	0	54
4e. Other													
4f. Total	35	64	16	15	11	164	305	(100)	(405)	90	315	41	274

5. Assessment	Number of Students with Communication Disorders							Total with CDf	Total with NAP	Total Assessed
	A	L	V	F	H	M	Total			
5a. Preschool	1	1				10	12	4	0	16
5b. Elementary	13	19	6	5	6	25	74	51	9	134
5c. Secondary	9	15	6	4	3	11	48	19	3	70
5d. Special		19				25	44	10	0	54
5e. Other										
5f. Total	23	(54)	12	9	9	71	178	(84)	12	274

6. Placement	Number of Students Placed for Communication Disorders							Number Placed for CDf	Total Placed	Number Placement Pending	
	A	L	V	F	H	M	Total			CD	CDf
6a. Preschool	9	31			18	34	92	4	96	0	0
6b. Elementary	33	39	11	15	23	66	187	70	257	0	0
6c. Secondary	28	18	15	12	15	16	104	35	139	0	0
6d. Special		34				37	71	10	81	0	0
6e. Other											
6f. Total	70	(122)	26	27	56	153	(454)	(119)	(573)	0	0

7. End of Period	Number of Students with Communication Disorders Requiring Further Service							Number: CDf Further Service	Total: Further Service	Number: No Further Service	Number: Status Pending
	A	L	V	F	H	M	Total				
7a. Preschool	7	16			16	29	68	3	71	25	0
7b. Elementary	17	20	9	11	18	53	127	53	180	77	0
7c. Secondary	16	18	4	5	14	14	71	30	101	38	0
7d. Special		29				35	64	10	74	7	0
7e. Other											
7f. Total	40	(83)	12	16	48	131	(330)	(96)	426	147	0

A = Articulation
L = Language
V = Voice
F = Fluency
H = Hearing
M = Multiple (Unduplicated Count) - used if more than one service provided

CDf = Communicatively Different

Copies to:
Director of Special Education
LSH Supervisor

Data flow to:
No data flow

FORM F

41561 DLM 2720

FORM F SUMMARY OF LANGUAGE, SPEECH, AND HEARING STUDENT SERVICES

Reporting Period: 018 (Month) 17 (Day) 81X (Year) to 011 (Month) 110 (Day) 81X (Year)

1. LEA Name: University Place — Code

2. Completed by (Name): J. Parker — Speech-Language Pathologist — Code

3. General LEA Information	Preschools	Elementary Schools	Secondary Schools	Special Schools	Other Schools	3c. Total All Schools
3a. Number of Schools		2				2
3b. Student Enrollment		1262				1262

Language, Speech and Hearing Program Information

4. Screening	Number of Students Screened for Communication Disorders							Screened for CDf	Total Screened	Results		Recommendations	
	A	L	V	F	H	M	Total			Pass	Fail	Rescr.	Assess.
4a. Preschool													
4b. Elementary	26	30	4	6	–	15	81	30	111	17	94	3	91
4c. Secondary													
4d. Special													
4e. Other													
4f. Total													

5. Assessment	Number of Students with Communication Disorders							Total with CDf	Total with NAP	Total Assessed
	A	L	V	F	H	M	Total			
5a. Preschool										
5b. Elementary	13	23	5	7	–	16	64	27	5	91
5c. Secondary										
5d. Special										
5e. Other										
5f. Total										

6. Placement	Number of Students Placed for Communication Disorders							Number Placed for CDf	Total Placed	Number Placement Pending	
	A	L	V	F	H	M	Total			CD	CDf
6a. Preschool											
6b. Elementary	12	21	4	6	–	16	59	27	86	0	0
6c. Secondary											
6d. Special											
6e. Other											
6f. Total											

7. End of Period	Number of Students with Communication Disorders Requiring Further Service							Number: CDf Further Service	Total: Further Service	Number: No Further Service	Number Status Pending
	A	L	V	F	H	M	Total				
7a. Preschool											
7b. Elementary	12	21	4	6	–	16	59	27	86	0	0
7c. Secondary											
7d. Special											
7e. Other											
7f. Total											

Copies to:
Director of Special Education
LSH Supervisor

Data flow to:
No data flow

NAP = No Apparent Problem
A = Articulation
L = Language
V = Voice
F = Fluency
H = Hearing

M = Multiple (unduplicated count) - used if more than one service provided.

CDF = Communicatively Different (Markovian Students)

FORM F

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FORM 13

STUDENT SUMMARY RECORD

1. Student Name (Last, First, Middle Initial): MICHELA, CRZNKI

2. Student Number: 8173

3. Date Month	Day	Year	4. Specialist Name	5. School Name	6. Grade/ Ed. Setting	7. Reg. Ed. Sp. Ed. (check)	8. Process Code	9. Communication Area Code A*	L	V	F	H	CDI	10. Placement Model Code	11. Type of Session Indiv. (check)	Group (No.)	12. Time/ Session hr	mn	13. No. Session/ Week	14. Status Code	15. OFCS Code	16. PHC Code
9	30	82	PARKER, J	WINSTON	1	✓	ASSESS		(5)				✓	(3)		3		30	2	A	IV	(CDF)
10	20	82	"	"	"	✓	PLACE		5				✓	3		3		30	3	A	IV	"
11	1	82	"	"	"	✓	INTER		✓				✓	3		3		30	3	A	IV	"
4	20	83	"	"	"	✓	ASSESS		4				✓	3		2		30	2	B	IV	"
9	10	83	"	"	2	✓	INTER		✓				✓	3		3		30	2	A	IV	"
10	18	83	CRANE, S	"	"	✓	ASSESS		4				✓	(4)		10	1		5	A	III	"
(4)	1	84	PARKER, J	"	"		✓ ASSESS		(4)				✓	4		2		30	2	A	IV	"
4	15	84	"	"	"		✓ PLACE		4				✓	4		2		30	2	D	III	"
(9)	12	84	"	"	3		✓ INTER		✓				✓	4		3		30	3	D	IV	"

8. Process Code:
- ASSESS = Assessment
- PLACE = Placement
- INTER = Intervention

9. Severity Level Code:
- 1 = Normal
- 2 = Minimal
- 3 = Mild
- 4 = Moderate
- 5 = Severe
- 6 = Profound

10. Placement Model Code:
- 1 = Regular class
- 2 = Indirect services within regular class
- 3 = Direct services and instruction in the regular class
- 4 = Resource room services
- 5 = Self-contained special class
- 6 = Private day school
- 7 = Special public day school
- 8 = Public residential school facility
- 9 = Private residential school facility
- 10 = Hospital program
- 11 = Homebound instruction
- 12 = Other (specify)

14. Status Code:
- A = requires placement
- B = requires other assessments
- C = requires no further service
- D = receiving intervention
- E = placement pending
- F = requires reassessment
- G = requires continued placement
- H = transferred out of LEA
- I = status pending

15. Overall Functional Communication Status (OFCS) Code:

KEY:
- I Communicates effectively in all situations/environments
- II Communicates effectively in situations/environments that are in some way structured
- III Communicates with some difficulty in almost any situation, but can manage with help in structured situations/environments
- IV Communicates with considerable difficulty in almost any situation/environment even with help
- V Does not communicate in structured situations/environments even with help
- VI Was not able to evaluate

16. Primary Handicapping Condition Code:
- CD/LS = Communication Disorder (language and/or speech)
- HH = Hard of Hearing
- DE = Deaf
- VH = Visually Handicapped
- MR = Mentally Retarded
- ED = Emotionally Disturbed
- OH = Orthopedically Handicapped
- OHI = Other Health Impaired
- DB = Deaf-blind
- MH = Multi-handicapped
- LD = Learning Disabilities
- Other (specify): CDF = COMMUNICATIVELY DIFFERENT

Copies to:
- Student LSH file
- Speech-language pathologist
- Audiologist
- LSH supervisor

*A = ARTICULATION
L = LANGUAGE
V = VOICE
F = FLUENCY
H = HEARING
CDF = COMMUNICATIVELY DIFFERENT

Data flow to:
- FORM C: Assessment Results
- FORM D: Placement Results
- FORM E: End of Pehod Service Status Report (SI-5)

FORM 13 R21

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BRAINSTORMING

I. Many random ideas from a small group in a short time.

II. Procedure

A. Group Members randomly call out ideas related to topic.

B. Rules:
1. No evaluation or comments.
2. No categorization.

C. Group Recorder records ideas.

D. Group allows silence.

E. All ideas are listed.

F. Brainstorming is ended.

MANAGEMENT PROCESS WORKSHEET

STATEMENT OF THE PROBLEM
A data based statement that shows the magnitude of the Problem; e.g., 10% agreement exists on speech-language-hearing assessment report format and content.

NEED STATEMENT
Restatement of the "Statement of the Problem" with an indication of the direction of change; i.e., increase, decrease, maintain. For example: Increase agreement on speech-language-hearing assessment report format and content.

IDENTIFICATION OF THE SOLUTION
List possible alternative solutions, consider the resources and constraints of each, and select the best solution. For example:

Possible Solutions:
1. Prepare guidelines for report writing
2. Prepare form for report writing

Constraints:	Resources:
1a. May be misinterpreted	1a. Faster to do
b. What to do about	b. Allows for exceptions
	c. Less expensive
2a. Take a while to develop	2a. Assures the most agreement
b. More expensive	b. Total group involved
	c. Faster to use

Solution: Prepare form for report writing

GOAL STATEMENT
State of direction that indicates WHEN, WHAT, and CRITERION. For example: By March 1, 198_, the Speech-Language-Hearing Assessment Report Form will be distributed to the SLH staff for use.

OBJECTIVES
Contribute to stated goal as a way of alleviating the Need within a given time frame. Indicate WHEN, WHO, WHAT, TO WHOM, CRITERION, and EVALUATION. For example: By October 1, 198_, J. Parker will receive copies of SLH program assessment reports from three other school districts in the county.

PLAN OF ACTION
Indicates Problem, Need, Goal, and Objectives. Attach the Plan of Action form from your packet for an example.

EVALUATION

Adapted from Dublinske, S. and Grimes, J. (1971) Program Planning Evaluation. Rockville, MD: American Speech-Language-Hearing Association.

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b. What to do about	b. Allows for exceptions
	c. Less expensive
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b. More expensive	b. Total group involved
	c. Faster to use

Solution: Prepare form for report writing

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Indicates Problem, Need, Goal, and Objectives. Attach the Plan of Action form from your packet for an example.

EVALUATION

Adapted from Dublinske, S. and Grimes, J. (1971) Program Planning Evaluation. Rockville, MD: American Speech-Language-Hearing Association.

NEED DEVELOPMENT

1. Close the gap:

   Where you WANT to be

   Where you ARE

2. Direction of change

   a. Increase

   b. Decrease

   c. Maintain

3. Not a solution

IDENTIFY SOLUTION

I. List All Possible Solutions

- A. Relate to Need Statement
- B. Measurable
- C. Reasonable expectations
  (Management, Personnel, Technical)
- D. Best Solution

II. Consider Recources (Plus Factors)

- A. Determine availability
- B. List resources for each solution

III. Consider Constraints (Minus Factors)

- A. Determine constraints that
  1. Preclude or prohibit
  2. Limit
  3. Alter
- B. List constraints for each solution

IV. Identify Solution

PDME

Worksheet #4

DESCRIBING ALTERNATIVE SOLUTIONS

NEED:

Possible Solutions	Resources	Constraints

GOAL(S)

- o relate to verified needs
- o provide direction
- o direction
  - WHEN
  - WHAT
  - CRITERION
- o measurable

OBJECTIVES

- o measurable
- o specific behavior
- o types
  - -program
  - -instructional
- o alleviate verified needs by showing
  - WHEN
  - WHO
  - WHAT
  - TO WHOM
  - CRITERION
  - EVALUATION

PLAN OF ACTION

GOAL STATEMENT WORKSHEET

GOAL:

Statements of direction or purpose that relate to verified needs. Goal statements indicate WHEN it is going to be done, WHAT is going to be done and the CRITERION that will indicate success.

GOAL COMPONENTS:

1. WHEN:

2. WHAT:

3. CRITERION:

GOAL STATEMENT:

Adapted from Dublinske, S. & Grimes, J. (1971). Program Planning Evaluation. Rockville, MD: American Speech-Language-Hearing Association.

OBJECTIVE:

Is desired accomplishment which can be measured within a given time frame. An Objective must be developed that supports and contributes to the achievement of the established goal(s). To be measurable, an objective must include the following components:

1. WHEN it is going to be done.
2. WHO is going to do it.
3. WHAT is going to be done.
4. TO WHOM it is going to be done.
5. CRITERION that will indicate success.
6. EVALUATION method used to determine if the objective has been carried out.

OBJECTIVE COMPONENTS:

WHEN:

WHO:

WHAT:

TO WHOM:

CRITERION:

EVALUATION:

SAMPLE OBJECTIVE:

Adapted from Dublinske, S. and Grimes, J. (1971) Program Planning Evaluation. Rockville: MD: American Speech-Language-Hearing Association.

PLAN OF ACTION

Date:_____ Prepared by:_____

Problem Statement:_____

Need Statement:_____

Goal Statement:_____

Status Code: A = According to Schedule
B = Not Begun
C = Completed
D = Delayed
E = Eliminated
R = Revised

PC = Partially Completed
(1) = 0 - 19%
(2) = 20 - 39%
(3) = 40 - 59%
(4) = 60 - 79%
(5) = 80 - 99%

Objective(s)	Status							Remarks
	A	B	C	D	E	R	PC	

Adapted from Dublinske, S. and Grimes, J. (1971) Program Planning Evaluation. Rockville, MD: American Speech-Language-Hearing Association

R30

PLAN OF ACTION

Date: 1/6/8_ Prepared By: Thompson

Problem Statement: 10% agreement exists on SLH assessment report format and content.
Need Statement: Increase agreement on SLH assessment report format and content.
Goal Statement: By March 1, 198_, the SLH Assessment Report Form will be distributed to the SLH staff for use.

Status Code: A= According to Schedule
B= Not Begun
C= Completed
D= Delayed
E= Eliminated
R= Revised
PC=Partially Completed
(1) = 0 - 19%
(2) =20 - 39%
(3) =40 - 59%
(4) =60 - 79%
(5) =80 - 99%

Objective(s)	Status							Remarks
	A	B	C	D	E	R	PC	
1. By Oct. 1, 198_, Parker will receive copies of SLH program assessment report formats from 3 other school districts in the county.			✓					
2. By Nov. 15, 198_, the SLH staff, headed by Thompson, will complete a draft of the Assessment Report Form, to present to the Special Education Director for approval/modification.			✓					
3. By Dec. 1, 198_, copies of the draft of the SLH Assessment Report Form will be distributed by Thompson to the SLH staff for pilot use.							4	Staff completing pilot period and recording suggestions for change on an on-going basis.
4. By Feb. 1, 198_, SLH staff will meet to prepare a final draft under leadership of Thompson for approval of Special Education Director.		✓						
5. By Mar. 1, 198_, the SLH Assessment Report Form will be distributed to the SLH staff for use.		✓						

R31

Adapted from Dublinske, S. and Grimes, J. (1971) Program Planning Evaluation. Rockville, MD: American Speech-Language-Hearing Association.

EVALUATION

- Feedback
  - Planning
    - Strengths/Weaknesses

Evaluation is based on:

* Quality: goals and objectives
* Collection of data
* Analysis of data

Purpose of Evaluation:

To determine effectiveness of goals and objectives.

Summary of Hagstrum's Suggestions on "What One Needs To Do"

1. Accept the way it is: complaining and/or angry staff members do little to gain the support of their administrators.

2. Develop tight criteria for your program: the criteria will explain what you are doing.

3. Assess the importance of your area in the eyes of others: if the opinions of others are negative, assess your ability to change their opinions.

4. Learn about your administrator's role and priorities: learn how to enhance the ability of your administrator to do his/her job; discover his/her personal strengths and weaknesses and how they relate positively and negatively to administers; show your administrator how your program would help him/her achieve his/her goals.

5. Demonstrate your skill in making caseload decisions: know your criteria and if they're being followed, make sure your procedures are uniform and defensible; be sure you're serving truly handicapped students.

6. Show how you're not meeting your obligation to serve: show that, for example, because you are understaffed, the service you're providing is below standard or non-existent.

7. Collect data to show trends: these data are important sources of support for issues being presented to your administrator.

8. Compare what is happening in your district with what is happening in other districts: administrators respond well to information that shows how their program ranks with others.

9. Establish that you can be trusted: do what you say you will.

SUMMARY

Accountability

Managers

Management Process

Problem Determination
Need Development
Solution Identification
Goals/Objectives
Plan Implementation
Evaluation

Group Processing

Nominal Group Process
Brainstorming

Resources

CASE
PDME
CSRS
Caseload Issues in Schools:
How to Make Better Decisions